

Amalie Marie Albrecht

Died at *Lauraville* Town *Baltimore* County

MARYLAND

Date *10 or May* , at *et* Age *81-6* Native of *Germany* Occupation
~~Male~~ White ~~Married~~ Widow ~~Married~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *3*

Husband of *Timoties Albrecht*
 Wife

Father's Name *Christian Vogel*

Mother's Name *Othelia Vogel*

Cause of Death { Primary *Apoplexy*
 Immediate *coma*

How long sick *4 hours*

Accident, Suicide, Homicide

Reported by *Dr. S. C. W. Floner*

Address *Eager & Caroline Street*
Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Thos. Edgar Billingsley

Died at ^{Town} Gittings ^{County} Baltimore MARYLAND

Date 19 02 ^{Month} May ^{Day} 25 ^{Y.} 19 ^{M.} 5 ^{D.} 23 ^{Native of} md ^{Occupation} Laborer

Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband
of
Wife

Father's Name Joseph Billingsley ¹⁶³ ^{Mother's} Mary Ford
 Maiden Name

Cause of Death { Primary Disease of mind all his life
 Immediate Suicide — all

How long sick all his life
Accident, Suicide, Homicide

Reported by Dr J. M. S. GreenAddress Gittings Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Bond

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 12

Age

79-10-

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis agitans & Senility

How long sick

2 years

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Wilmer C. Ensor, M.D.

Address

Cockeysville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Edward Bonnett

Died at ^{Town} Glenora ^{County} Balt

MARYLAND

Date 19 ⁰² ⁵ ⁰ ⁰ ^{Y.} ^{M.} ^{D.} Age 65 Native of Md Occupation Retired

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

7

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Rachel Bonnett

John Bonnett

Mary Marshall

Chronic Albuminuria 1 year

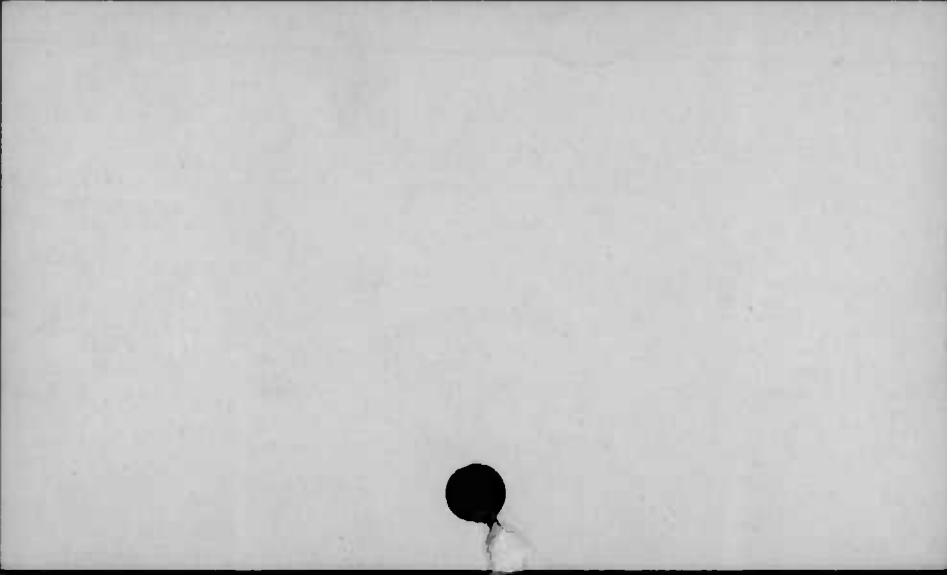
Maeniac Carcinoma

G. G. Mitchell

Verna

Filed 1902

Baltimore Md.



in
Full

Maggie Bowen

CERTIFICATE

TO BE ANSWERED BY
NEAREST FRIEND

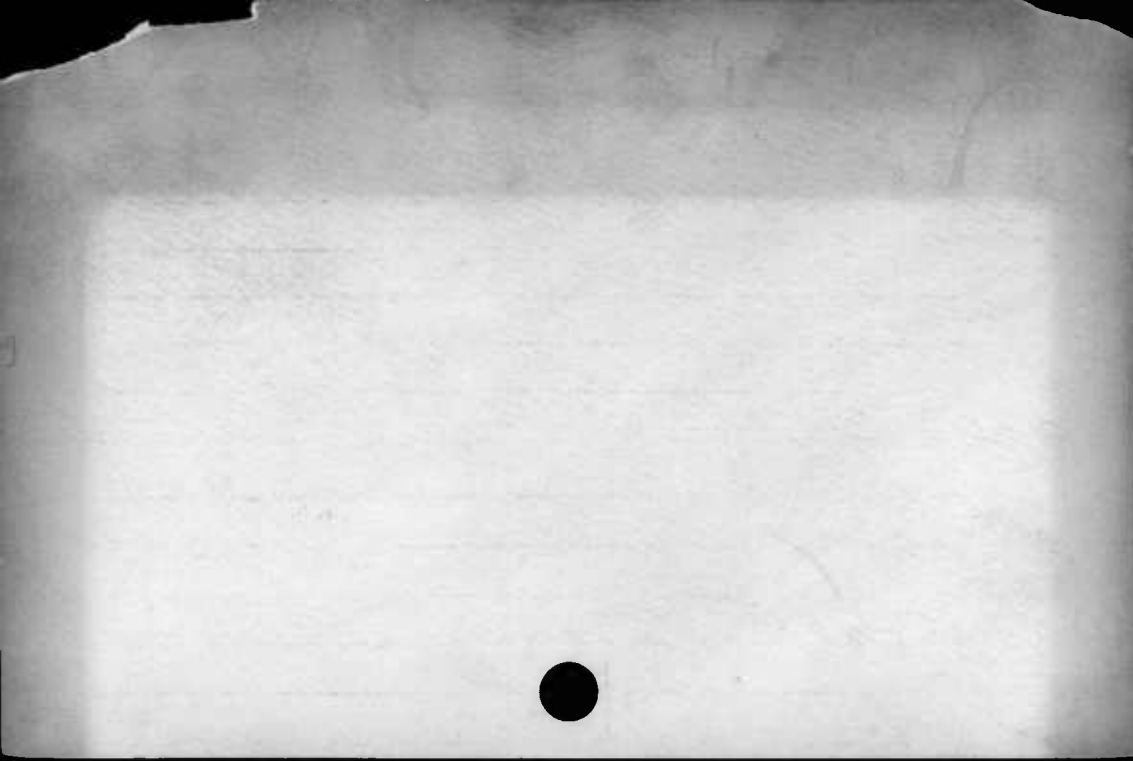
MARYLAND

Died at <i>Watts</i>		County <i>Balto</i>			
Date of death 190 <i>2</i>	Month <i>May</i>	Day <i>22</i>	Age <i>31</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single <i>Married</i>		Occupation <i>H W -</i>			
Name of Wife or Husband <i>Wm T. Bowen</i>					
Father's Name <i>John O'Hare</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Wm T Bowen</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Pulmonalis</i>	How long <i>About 2 years</i>
Immediate <i>Aschemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W Harrison M D</i>
<i>27</i>	Address <i>Middle River Md</i>
Accident or Suicide? <i>—</i>	



Name in Full

Almira Bowers (bol)

Certificate of Death

~~Mr. Vianus~~~~Baltimore~~

No. 1

Town

County

Died at

Mr. Vianus

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 - 5 - 5

Age 81 -

Balt Md -

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

Two

Husband of

Francis Bowers

Wife

Father's

Name

Peter Morrell

Mother's

Name

Catherine Morrell

Cause of

Primary

Cancer

45

How long sick

Two years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

August W. Miller

Address

Mr. Vianus

Balt Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Philadelp^a* *Balt -* County
 Date 1902 *5* *5* Month Day
 Age *151*
 Native of *Balt Co*
 Occupation *Infant*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
~~Female~~ *Colored* ~~Single~~ *Widow* ~~Number of children living~~
 Husband of *Infant*
 Wife *151*
 Father's Name *Joseph M. Brooks* Mother's Name *Laura A. Royston*
 Cause of Death { *Asphyxia* *151*
 { *Primary* *How long sick*
 { *Immediate* *2 hours*
Accident, Suicide, Homicide
 Reported by *G. G. Mitchell*
 Address *Winnona, Co. Balt Co*
Wid

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19000



Name in Full

Certificate of Death

Infant Brown

Town

County

Died at

Northampton Valley

Baltimore

MARYLAND

Date 189

1902

Month

Day

M.

D.

Native of

Occupation

May 4

Age

X

X

X

Baltimore

X

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 1898



Name In Full

Certificate of Death

Jas. Oliver Button

630

Died at

Highlandtown

County

Balto

MARYLAND

Date 1902

Month Day

May 3

Y.

M.

D.

Native of

Occupation

Age 66

-

-

Md

Watchman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Wife Annie Button

Father's

Name

Jacob Button

Mother's

Maiden Name

Sarah Sapp

Cause of

Primary Renal Calculus & Cystitis

How long sick

3 m

Death

Immediate & Chronic

Accident, Suicide, Homicide

Reported by

G. W. F. Pollock

122

Address

1503 E. Baltimore 13th and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W Sanders & Son
New Canaan,

Thomas Clark.

Town

County

Died at

Bay View Asylum

Balt.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5

8

Age

45

N.Y.

Stone Cutter.

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

56.

Cause of

Primary

Chronic Alcoholism & Labor Pneum.

How long sick

4 days.

Death

Immediate

Cardiac Anemia

Accident, Suicide, Homicide

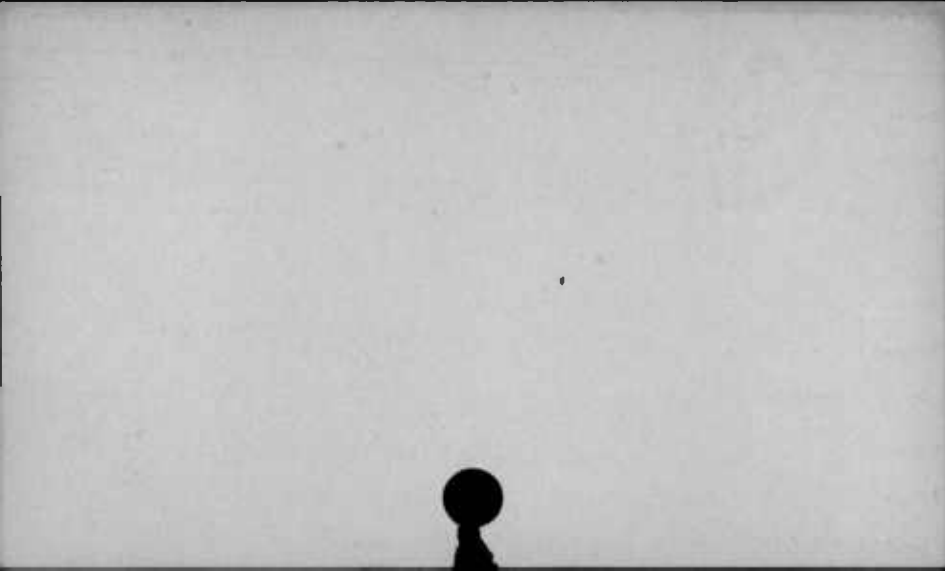
Reported by

W. H. Smith M.D.

Address

Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by _____, undertaker or minister.



Lewis H. Cole

Town

Roland Park

Y.

M.

D.

Native of

Occupation

Died at

Roland Park

Baltimore

MARYLAND

Date 1902

May 23

Age

76 - 2 - 26

Baltimore

Tobaccoist

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

20

Husband of

Wife

Father's

Name

Emma G. Cole

Mother's

Maiden Name

Cause of

Primary

Cirrhosis of the liver

Death

Immediate

Anemia

How long sick

14 weeks

~~Accident, Suicide, Homicide~~

Reported by

Geo. T. Shaver, M.D.

Address

421 Roland Ave Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Henry Wears Has
Greenwood County

Name in Full *Laroe Collier*

Certificate of Death

Town *Highlandtown* County *Balto Co.*

Died at

MARYLAND

Date 1902

Month *5* Day *13*

Y.

M.

D.

Native of

Occupation

Age

*3-15-~~Virginia~~*Male ☒White ☒~~Marr~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Charles E. Collier

Mother's

Maiden Name

*92
Emma E. Marshall*

Cause of

Primary

Boncho Pneumonia

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St. Pauls Cemetery

Germanus France

Under the

Name in Full

Certificate of Death

Mary Ann Cox
 Town County

Died at

Black Rock.
 Month Day

Balto.
 Y. M. D.

MARYLAND

Date 1903.

5 6.

Age

88-6-2

Native of

Ohio

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Hemiplegia. Cox

How long sick

2 wks

Death

Immediate

Cerebral Softening

~~Accident, Suicide, Homicide~~

Reported by

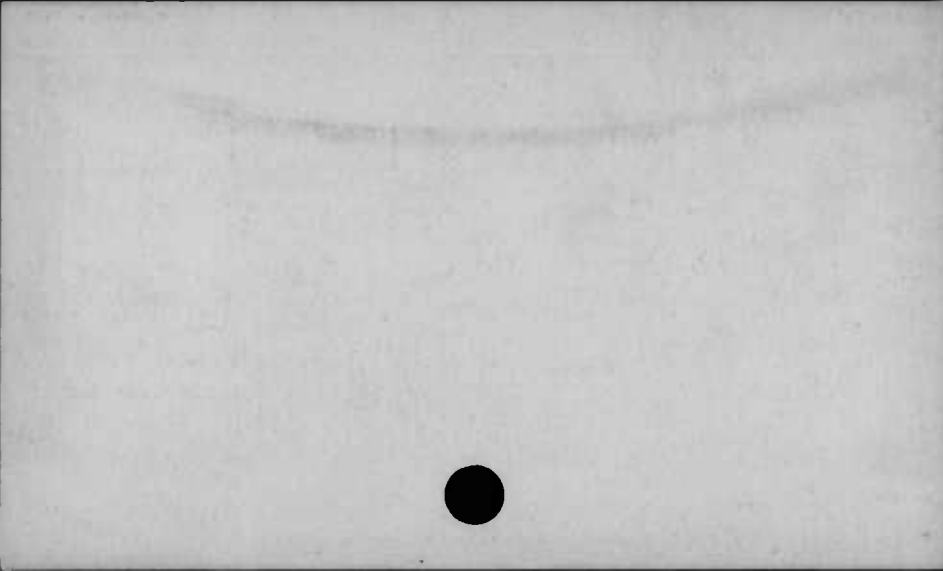
Edgar M. Bish. M.D.

Address

Harford Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Francis A Crook

Town

County

MARYLAND

Died at New Market

Bath

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5.

24

Age

64-4-19

Baltimore City

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Married~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

Husband

of Emma L. Crook

80

Father's

Name

Geo. A. Crook

Mother's

Maiden Name

Jane. Holbrook

Cause of

Primary

Angina pectoris

How long sick

24 Weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

L. Wilson Dunsick M.D.

Address

Stewartstown, York Co. Penn.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Dario

Name in Full

Certificate of Death

John R. Diamond

Town

County

Died at Orangeville

MARYLAND

Date 1907

Month Day

Y. M. D.

Native of

Occupation

5 9 32 Balto, Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife Belia Diamond

Father's Name James Diamond

Mother's Name

Name Sadie Schaffer

Cause of Primary

Killed by crusher

How long sick

Death Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

John G. Muller J.P.
Banton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mabel L. Donnell

5

Died at *Abertus* Town *Baltimore* County MARYLANDDate 1902 *May 25* Month Day Y. M. D. *1-11-25* Native of *Pa* Occupation

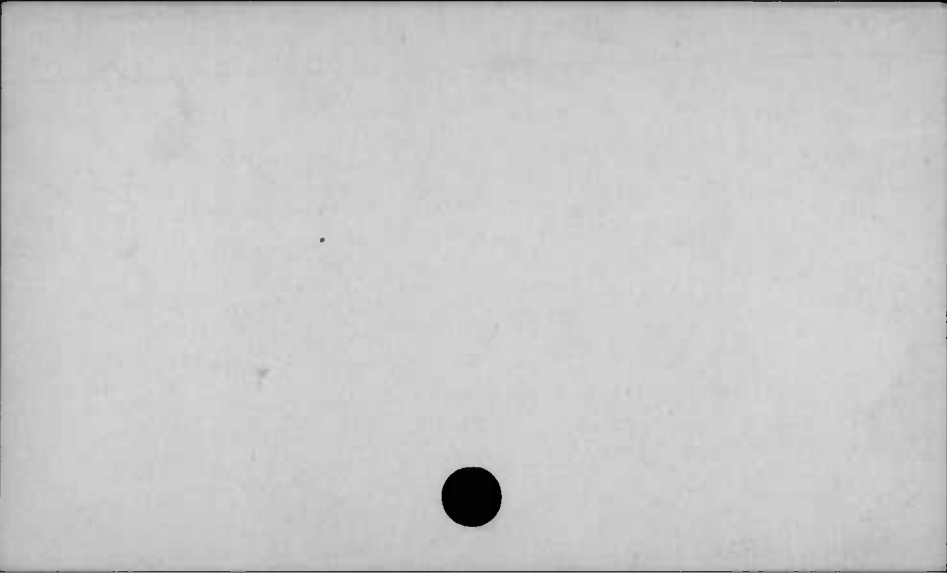
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of _____
WifeFather's Name *Frank Donnell* Mother's Maiden Name *Mary Ardley*

Cause of Death	Primary	<i>Pertussis</i>	How long sick <i>2 weeks</i>
	Immediate	<i>Acute Pneumonia</i>	
			Accident, Suicide, Homicide

Reported by *M. R. E. Erickson*Address *Y Eek Ridge*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Levi Danner
 Town *Garman* County *Bacon*

MARYLAND

Died at *Garman* *Bacon*
 Date 1892 Month *5* Day *21* Y. M. D. *38* Native of *md* Occupation *—*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living *—*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

*never well*Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Geo H Nockling M.D.
Sta H. Bacon, Md
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Edwin P. Drum

Died at

Town

County

Md. Hospital for the Insane. Catonsville

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5 3

Age

45

Md.

Merchant

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

General Paresis

How long sick

3 days.

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John W. Elger
 Died at *Hospital for Consumption Baltimore* County *Baltimore* MARYLAND

Date 18*92* Month *5* Day *19* Age *33* Y. *11* M. *-* D. *-* Native of *MD* Occupation *Labourer*
 Male ☒ White ☒ Married ☒ Widew ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *2*

Husband of *Lina Elger*
 Wife

Father's Name *Wm. Elger*

Mother's Name *Elizabeth Elger*

Cause of Death { Primary Immediate } *Tuberculosis* or *7* How long sick
 Accident, Suicide, Homicide

Reported by

Address

Frank R. Rich

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Edna Farley

Died at

Hickerton ^{Town} Baltimore Co ^{County}

MARYLAND

Date 1902 ^{Month} May ^{Day} 30 ^{Y.} 1 ^{M.} 4 ^{D.} ^{Native of} Md ^{Occupation} —~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Singl~~ ~~Widower~~ ~~Number of children living~~Husband
of
WifeFather's Name Lawche Farley Mother's Name Elizabeth Barton
Maiden NameCause of Death { Primary Colitis How long sick 10 days
Immediate Asthma 105 Accident, Suicide, Homicide

Reported by

Address

John W. B. Rogers and
Elliott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eliza Tasha

Town

County

Died at

Lowhatten *Balto. Co.*

MARYLAND

Date *20* *2* *May* *20* Age *70* - - Native of *N.E.* Occupation *Servant.*

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
of
Wife

John Brooke

Father's
Name

James Tasha

Mother's
Name

Ellen Tasha

Cause of

Primary

Hemiplegia

How long sick

4 days

Death

Immediate

Respiratory paralysis

Accident, Suicide, Homicide

Reported by

J.C. Quinn M.D.

Address

Lowhatten

Md.



Name in Full

Certificate of Death

James Henry Fenton

Town

County

Died at Mt Hope Reimuh Balt

MARYLAND

Date 1902	Month 5	Day 7	Y. 88	M. -	D. -	Native of Md	Occupation Carpenter
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Senile Dementia

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Frank J. Flannery MD

Address

Mt Hope Reimuh Balt Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie Fischer

144

Died at ^{Town} Canton ^{County} Baltimore

MARYLAND

Date 1902 ^{Month} 5 ^{Day} - 18 ^{Y.} Age 33 ^{M.} ^{D.}

Native of Md. Occupation Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living six

Husband of Frank Fischer

Father's Name don't know Mother's Name don't know

Cause of Death { Primary Septicæmia fol. How long sick five days
Immediate Loring Childbirth Accident, Suicide, HomicideReported by Mrs. F. H. H. of Midwife
Address E. J. Williams, 1144 Chesapeake St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery
Germanus France

Under later

Name in Full

Certificate of Death

Joseph Fredborg

Town

County

Died at Mt Hope Retreat Baltimore

MARYLAND

Date 1902 5 25th Age 60 - - -
 Male White Married Widowed
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____

Father's Name _____ Mother's Name _____
 Maiden Name _____

Cause of Primary Mania Chronic - How long sick _____
 Death Immediate Exhaustion - Accident, Suicide, Homicide

Reported by Frank J. Filanovsky MD
 Address Mt Hope Retreat Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1892

Male

~~Female~~Husband
ofFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Single~~~~Widow~~~~Widower~~~~Divorced~~

Number of children living

Mother's
Name

How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~



Name In Full

Certificate of Death

Lewis Edward Geist

Town

County

Died at

Sharon Balto

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 14

Age

23.9.3

Mo

Machinist

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

~~Wife~~

Father's

Name

Martin D Geist

Mother's

Maiden Name

Rosa

Joica

Cause of

Primary

Pulmonary Tuberculosis

How long sick

12 months

Death

Immediate

General Weakness - Heart

~~Accident, Suicide, Homicide~~

Reported by

Dr B. R. Benson

Address

Leakysville

Balto Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John G. Goller

Died at Canton

Town

County

Balto.

MARYLAND

Date 1902 May 1. Month Day Y. M. D. Native of Occupation
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children

Husband
of

Father's Name George Goller

Mother's Name

Cause of Primary Pneumonia

Death Immediate Convulsions

How long sick

about one week

Accid., Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 78706



Name In Full

Minnie Getzels Gessford

MARYLAND

Died at

7th District Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

May

8

Age

9

7th District

Male

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Chas Gessford

Mother's

Maiden Name

Anne Briggs

Cause of

Primary

Tuberculosis

How long sick

3 Months

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

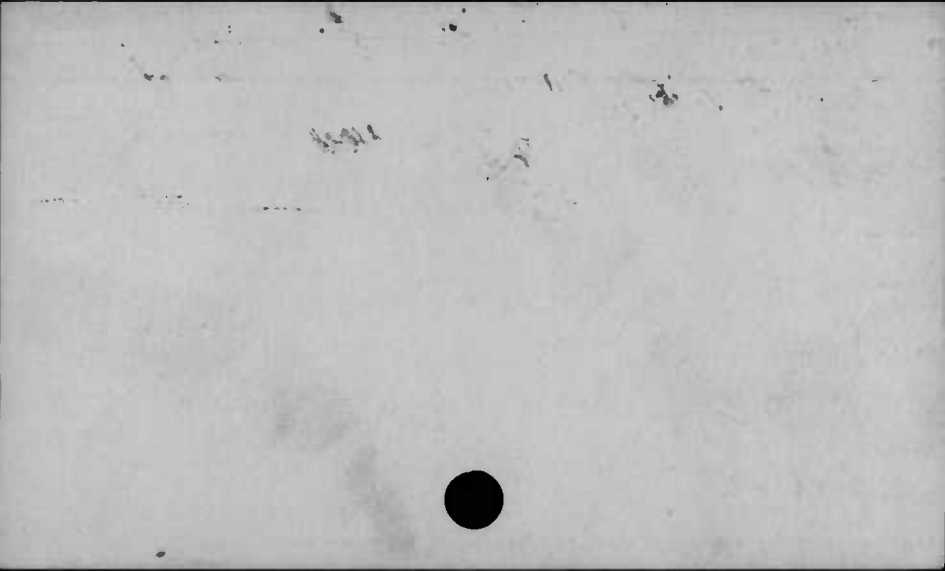
Reported by

Geo J. Hume

Address

New Freedom

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jamie Gaeller
 Died at Canton, Town, Balto, County, MARYLAND

Date 902, Month May, Day 4, Y. 6, M. -, D. -, Native of No, Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband
 of
 Wife

Father's Name Mother's Name

Cause of Primary Pertussis, How long sick 8 weeks
 Death Immediate Pneumonia, ~~Accident, Suicide, Homicide~~

Reported by C. A. Hiley

Address 2. Webster St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St Alphonsus
Philip Inghart

Name in Full

Certificate of Death

17th GoldsteinDied at ^{Town} Hospital for Consumption ^{County} Prince Georges Co MARYLAND

Date 189 952 Month 5 Day 21 Y. 25 M. 4 D. — Native of Russian Occupation Taylor

Male White Married Widowed Divorced Number of children living 2

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Dora Goldstein

Wife of Dora Goldstein

Father's Name 17th Goldstein Mother's Name Sara Goldstein

Cause of { Primary Tuberculosis 27 How long sick

Death { Immediate Hemorrhage Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

South Green
 Town County

9

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Sex

Color

Single

Widow

Divorced

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

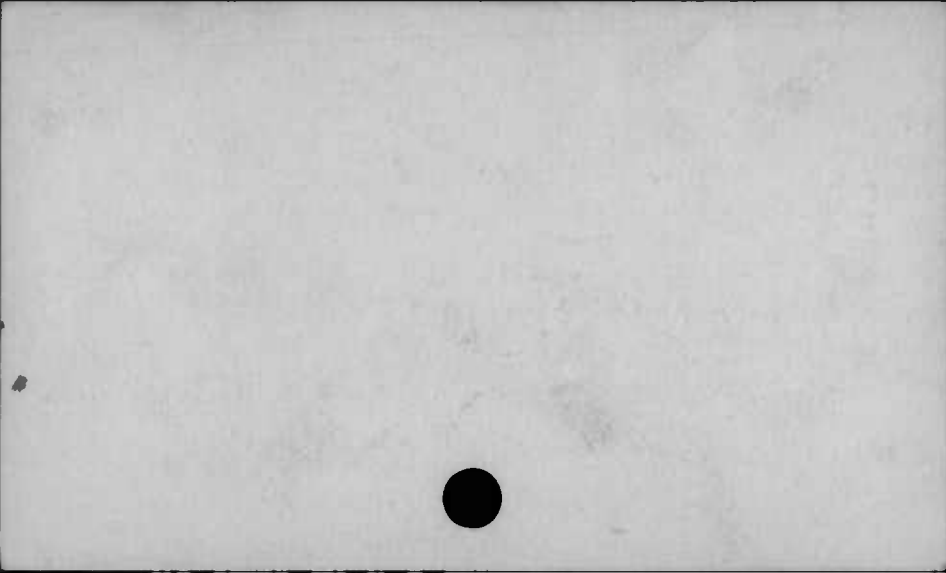
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79699



Name in Full

Certificate of Death

Lizzie Hack

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 May 23

Age

—

—

Female

White

Married

Widow

Divorced

Number of children living

Husband
of
WifeFather's
Name

Frank Hack

Mother's
Maiden Name

Mary Hubert

Cause of

Primary

Still birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. V. Haden MD

Address

Rossview Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Fredrick Hauff.

Died at 6th District

Town

County

Balt.

MARYLAND

Date 1902 Month 5 Day 28 Age 52 Y. M. D. Native of Balt. Co Occupation Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3 children

Husband of Julia Williams

Father's Name Christopher Hauff

Mother's

Maiden Name

Feltz.

Cause of Primary Hypertrophic Emphysema

How long sick

2 years

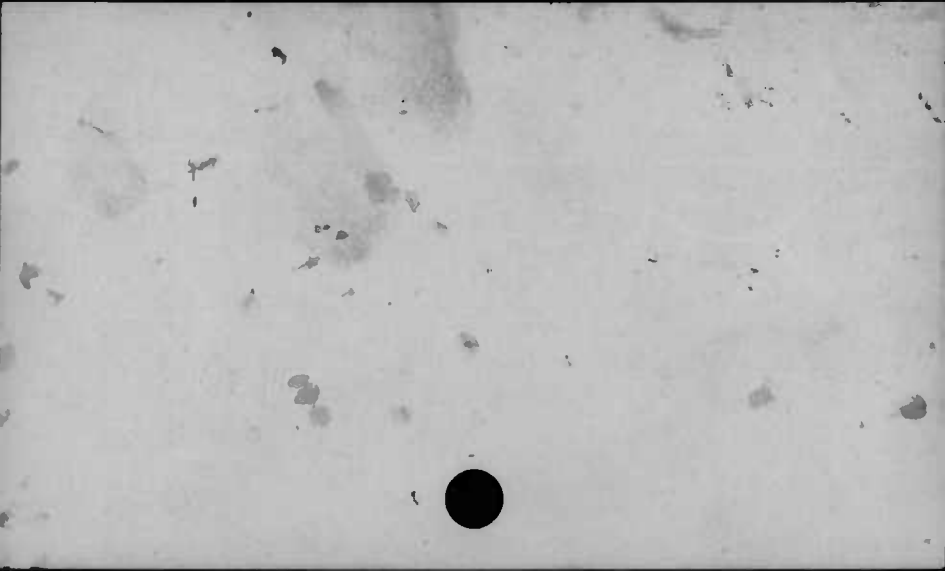
Death Immediate Heart Failure

~~Accident, Suicide, Homicide~~

Reported by R. A. Niedwanda M.D.

Address Glen Rock York. Co Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Otha Hall

CERTIFICATE OF DEATH

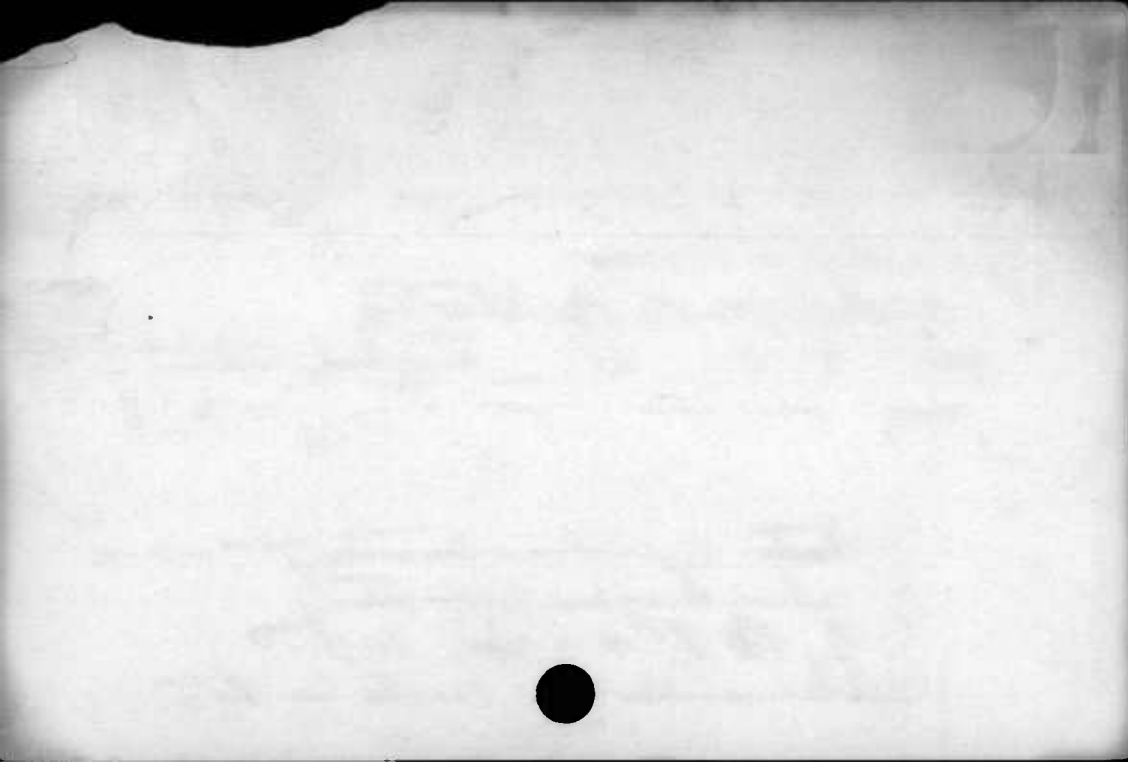
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Caves Road</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>May</u>	Day <u>27</u>	Years <u>17</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Balto. Co</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>House wife</u>		
Name of Wife or Husband <u>Moses McBluer Hall</u>					
Father's Name <u>Emory Pippo</u>			Father's Birthplace <u>Balto. Co</u>		
Mother's Maiden Name <u>Sarah Gardner</u>			Mother's Birthplace <u>Va</u>		
Name of person giving information <u>Moses McBluer Hall</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>170</u>	<u>Several Months</u>
Immediate <u>Child birth</u>	How long <u>about one week</u>	
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Campbell</u>	
	Address <u>Living 2 Mills Rd</u>	
Accident or Suicide? <u> </u>		



Name in Full

Certificate of Death

John S. H. Hare

103

Died at Beckleysville W. Va. County W. Va. MARYLAND

Date Apr 5-8 Month 5 Day 8 Age 65 Y. M. D. Maryland, Mecklenburg Native of and Leominster Occupation
 Male White Married Widow Divorced Female Colored Single Widower Number of children living 6

Husband
Wife ofFather's
NameMother's
Name

Cause of Death { Primary Heart trouble and stomach How long sick 7 mo or more
 Immediate ulceration and perforation Accident, Suicide, Homicide

Reported by

Address

J. B. Harris, M.D.
Beckleysville W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name
in
Full

Marshall Hopkins

CERTIFICATE OF DEATH

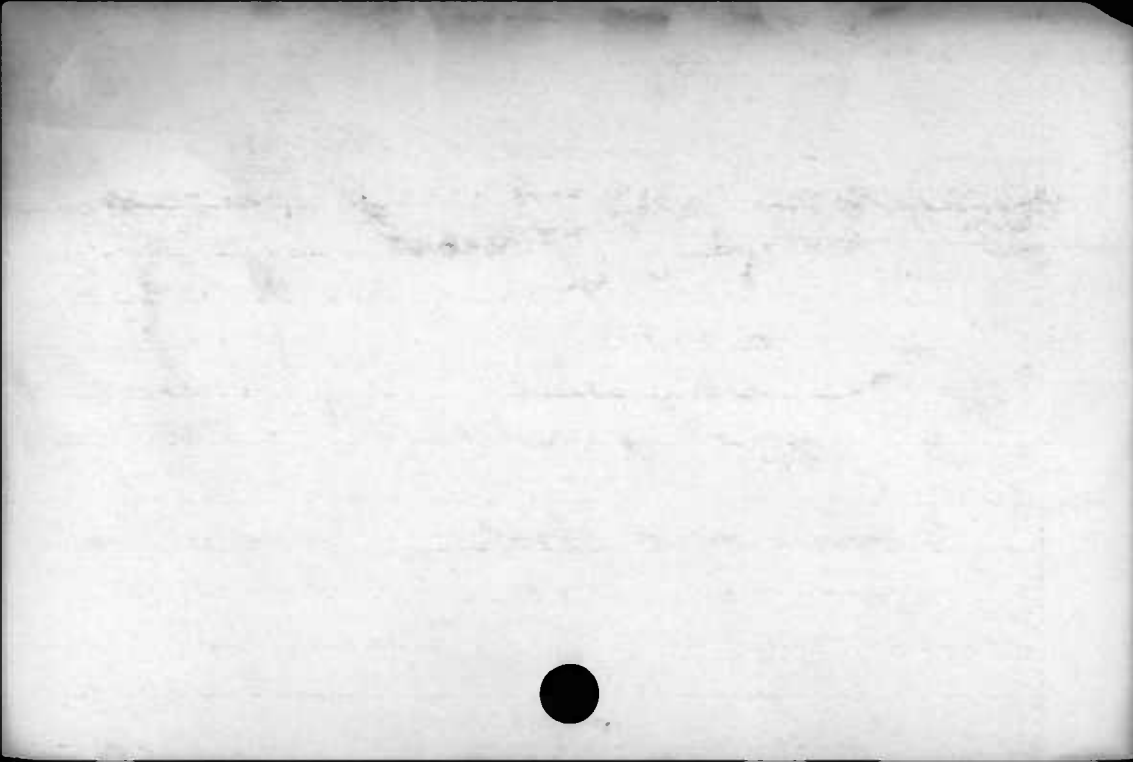
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>5</i>	Day <i>16</i>	Age <i>75</i>	Months <i>4</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Anne Arundel Co Md</i>	
Married, Single <input checked="" type="checkbox"/> Widowed		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Margaret Hopkins (nee Clark)</i>					
Father's Name <i>Samuel Hopkins</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Ann Sophia Hall</i>		Mother's Birthplace <i>Fredrick Co Md</i>			
Name of person giving information <i>Montgomery Hopkins</i>		How related to deceased <i>brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suppressed Heart trouble</i>	How long <i>several years</i>
Immediate <i>found dead in bed</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M Louis Taylor</i>
	Address <i>Pikesville Balt Co Md</i>
Accident or Suicide? <i>Neither</i>	



Name In Full

Certificate of Death

John Iler

Died at

Town
SerefordCounty
Bald

MARYLAND

Date 1902

Month Day

5 1

Age

Y. M. D.

83

Native of

Md

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Four
Self

Husband of

Wife

Father's

Name

Cause of

Primary

Ulceration of limb

Death

Immediate

Paralysis & Gangrene

How long sick

3 years

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie C James

CERTIFICATE OF DEATH

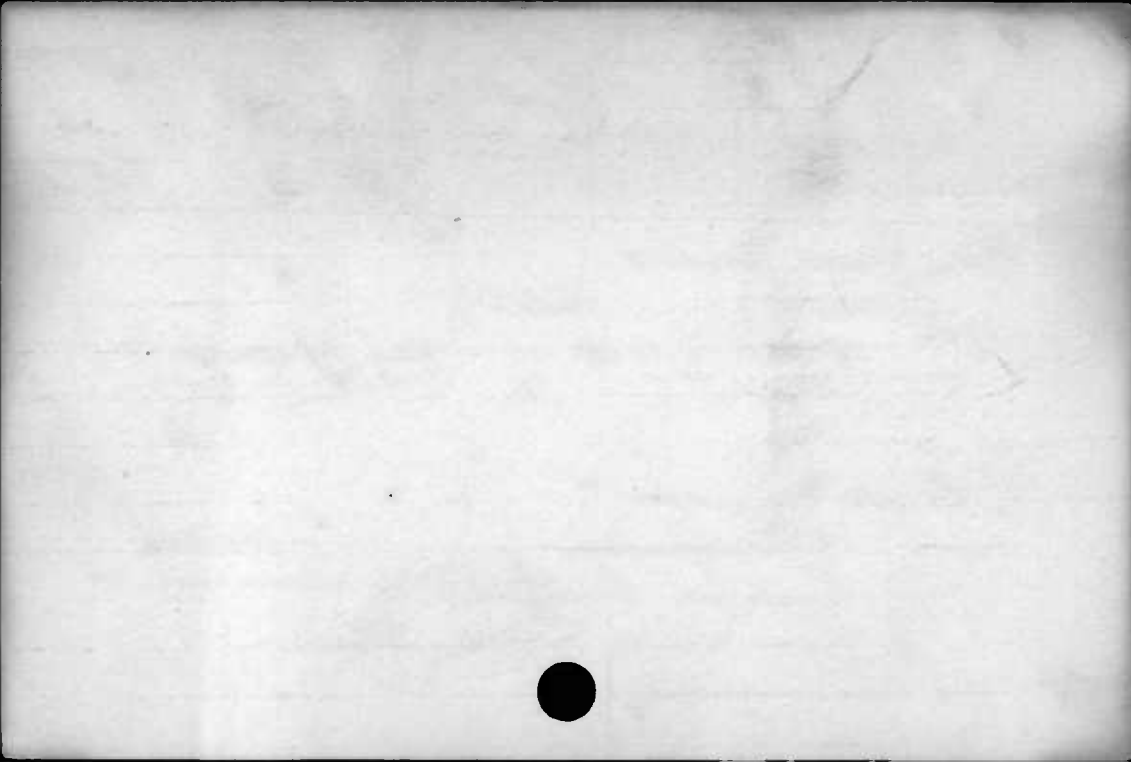
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hamilton P.O.		Baltimore		MARYLAND	
Date of death 190	2	Month	May	Day	23	Age	77
Sex		female		Color or Race		Caucasian	
Married, Single or Widowed		widow		Occupation		Housewife	
Name of Husband		John James Leanne					
Father's Name		John Michael Seltzer				Father's Birthplace	
Mother's Maiden Name		Regina Colley				Mother's Birthplace	
Name of person giving information		Mrs. Margaret Alb				How related to deceased	
						sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	leukemia	How long	3 mo.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		George Shelby Foxhart	
Address		Hamilton P.O. Maryland.	
Accident or Suicide?			



Mary Grace James

Town

County

Died at

1902

Date

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Date

6-31

Age

1 11 -

Native of

U.S.

Infant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

12 Wks.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joseph M. Jenkins

Town

County

MARYLAND

Died at

Shurwood

Baltimore

Month Day

Y. M. D.

Native of

Occupation

Date 1902

May, 26

Age

10 - 26

Maryland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Frank B. Jenkins

Mother's

Maiden Name

Susan M. Jenkins

Cause of

Primary

Tubercular Meningitis

How long sick

Six weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Richard A. Urquhart

Address

1950, Linden St
Baltimore.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

At



Ervin Roland Johnson

Town

County

Died at

MARYLAND

Date 1902 May 5 Month Day Y. M. D. Age 9 10 Native of Balto Co Occupation _____

Male White ~~Colored~~ Married Widow ~~Divorced~~ Widower Number of children living 8

Husband of _____
Wife of _____

Father's Name Frank Johnson Mother's Maiden Name Jane Burns

Cause of Death { Primary Whooping cough Immediate Bronchio-Pneumonia How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by George Shelley Eschhart M.D.
Address Hamilton P.O. - Balto, Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Aut Giorn
J. L. 108

Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

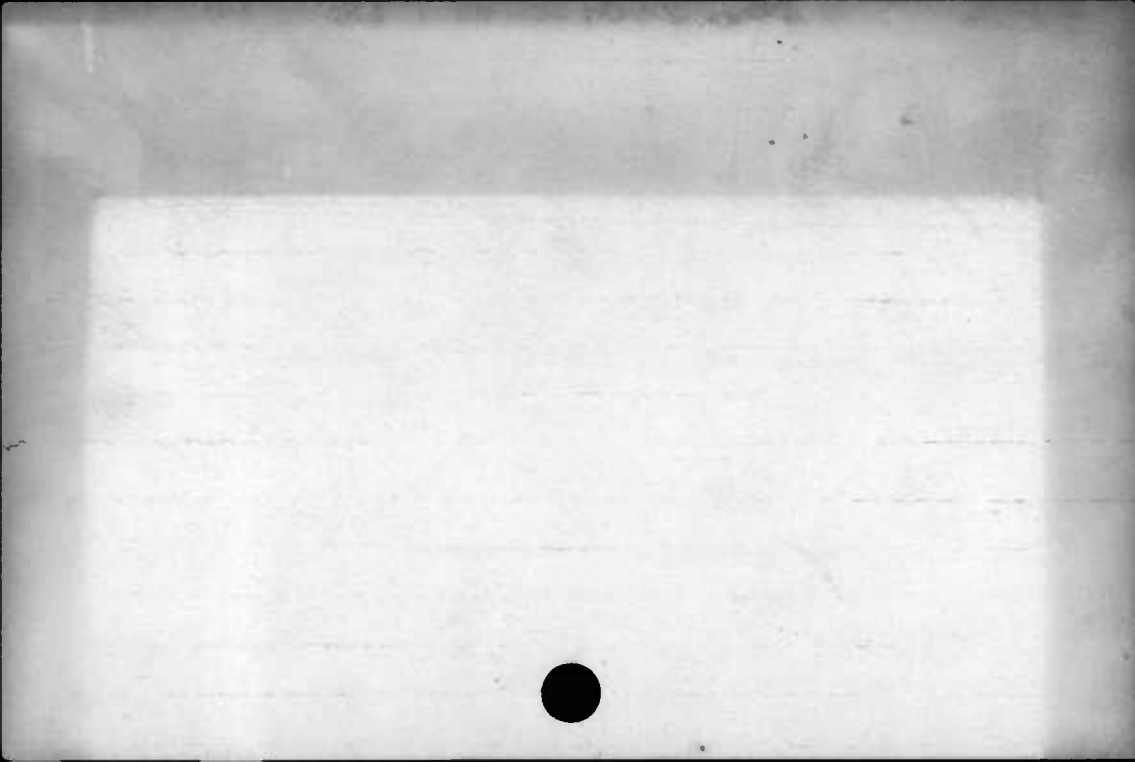
MARYLAND

Died at <u>Bearport</u> ^{Town}		<u>Baltimore</u> ^{County}			
Date of death 190 <u>2</u>	<u>May</u> ^{Month}	<u>29</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Bearport Md</u>			
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>James P Jones</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Audelia Parr</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Mrs J P Jones</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John W. Harrison</u>
	Address <u>Branch Office 1517 West</u>
Accident or Suicide? <u> </u>	



Name in Full

Certificate of Death

Died at

Date

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

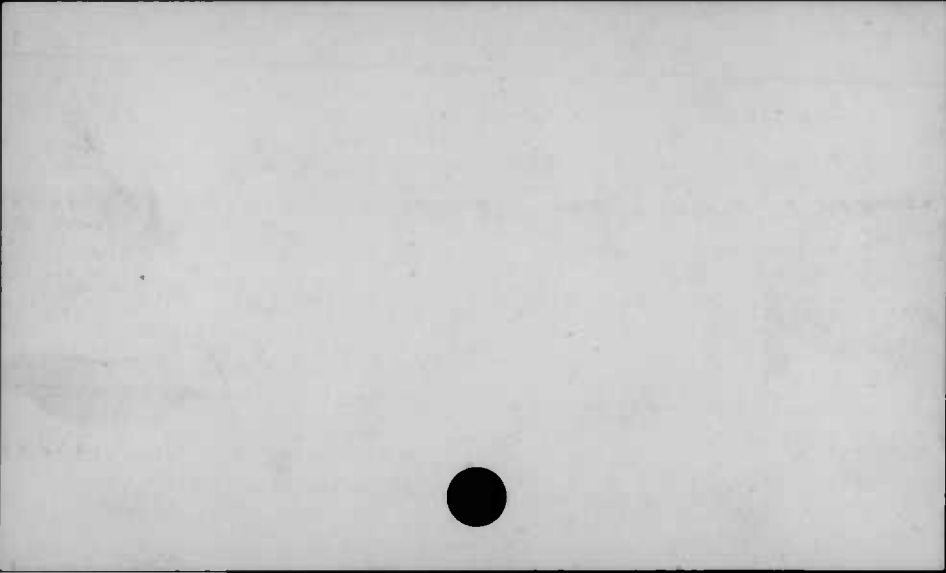
Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Kasten dike.
 Town Dealhurst County Patto MARYLAND
 202 May 2 Age 36 Md Accountant.
 Male White Married Widower Deceased
 Female ~~Single~~ Widower Number of children living X
 Husband of X
 Wife
 Father's Name Mother's Name X
 Cause of Death Primary General Paresis
 Immediate Cerebral Hemorrhage
 How long sick 3 hours
 Accident, Suicide, Homicide
 Reported by J. Percy Nade.
 Address Dealhurst Md.



Katharine A. Kearney

Town

County

Died at TowsonBaltimore

MARYLAND

Date 1902 May 28 Age 37-8 Native of Ind Occupation Housewife

Female White Married Widow Divorced

Female Colored Single Widow Number of children living 4

Wife of Frank J. Kearney

Father's Name John M. Shanahan Mother's Name Katharine

Cause of Death { Primary Carcinoma ? How long sick 1 yr. +

Death { Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Evan Rush Duntou, Jr.

Address Towson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Michael Lacey

Died at ^{Town} Mt Washington ^{County} Balt MARYLAND

Date 1892	Month 5	Day 21	Age 61	Y. -	M. -	D. -	Native of Ireland	Occupation Laborer
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living 4				

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Death	Primary	Congestion of Lungs	How long sick 5 months
	Immediate	Dilatation of Heart	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name In Full

Certificate of Death

Edward J Lane

Town

County

Died at St Agnes Sanitarium. Baltimore

MARYLAND

Date 1902 - 5 - 14 | Age 25 - - | Native of Balto. | Occupation Carpenter

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. W. Keown M.D.

Address

1938 Linden St.

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Margarada Lawback

Town

County

Died at

Highlandtown

Baltimore

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

5 25 82

Germany

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

of Charst. Lawback

Mother's

Name

Cause of

Primary

old Age 154

Death

Immediate

How long sick

2 days

Accident, Suicide, Homicide

Reported by

E. W. Jamney, M.D.

Address

304 Baltimore Ex 10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Name in Full *Jacob Ludwig*
 Died at *Lanarville* Town *Baltimore* County *MARYLAND*
 Date 1902 *May 31* Month *May* Day *31* Y. M. D. Native of Occupation

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Number of children living

Husband of

Wife

Father's Name

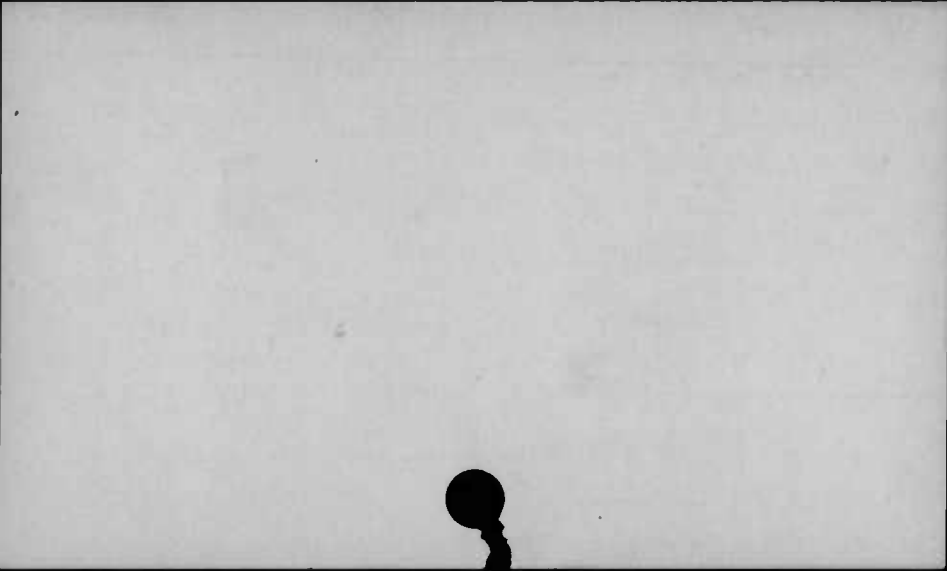
Mother's Maiden Name

Cause of Death { Primary *Suicide* Immediate *163* How long sick
 Accident, Suicide, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas L. Lundy

Died at ^{Town} Sheppan ^{County} & Enoch Pratt Hosp, Balto. Co. MARYLAND
 1902 ^{Month} May ^{Day} 28 ^{Y.} Age 37 ^{M.} - ^{D.} Md. ^{Native of} ^{Occupation} Plumber
 Date ~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Mrs Thos. L. Lundy
 Wife
 Father's Name
 Mother's Name

Cause of Death { Primary Tuberculosis Pul.
 Immediate Exhaustion
 How long sick 5 week.
 Accident, Suicide, Homicide

Reported by Chas. M. Franklin M.D.
 Address J Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Patrick J. McCarthy

Died at ^{Town} Mt Hope ^{County} Retriah Baltimore

MARYLAND

Date 1902 ^{Month} 5 ^{Day} 30 ^{Y.} Age 50 ^{M.} ^{D.} ^{Native of} Ireland ^{Occupation} Stone Cutter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Hemia Chronic

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Frank J. Flannery M.D.

Address

Baltimore Md -
Mt Hope

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Louis F. Marshall

Town

Pawton

County

Balt

MARYLAND

Died at

1902

Month

5

Day

28

Y.

85

M.

D.

Native of

Germany

Occupation

none

Date 189

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

6

Husband

of

Lena Marshall

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Apoplexy

Death

Immediate

Hemorrhage (Brain)

How long sick

24 hours

Accident, Suicide, Homicide

Reported by

David W. Jones

Address

3118 O'Donnell St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

H. Lander & Sons
Mount Carmel

In
Full

William B. May

No 2

CERTIFICATE OF DEATH

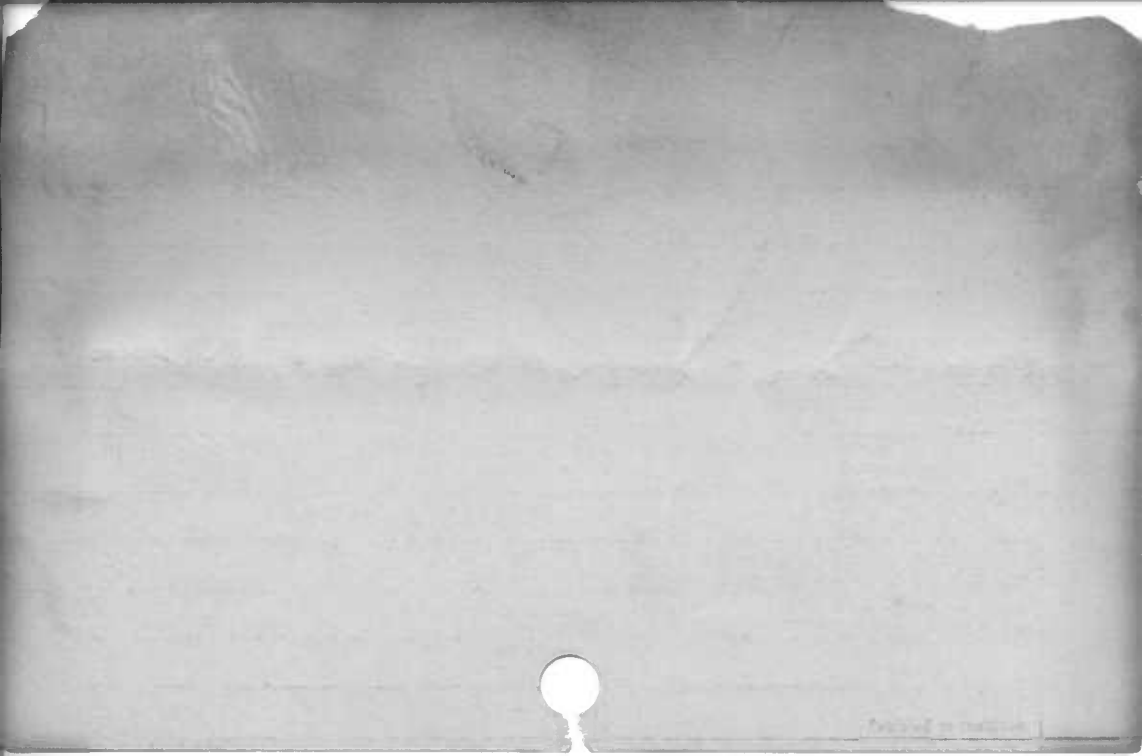
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Violettsville		Baltimore					
Date of death 1902	Month 5	Day 17	Age	Years	Months	Days	5
Sex	Male	Color or Race	White	Birth-place	Violettsville		
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Michael May				Ireland			
Mother's Maiden Name				Mother's Birthplace			
Annie May				Ind.			
Name of person giving Information				How related to deceased			
Char Hahnberg				Parents			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Trailer to block former ovalle.	How long	5 days
Immediate	Asphyxiation	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		August W. Miller, Coroner	
		Address	
		1111 W. Main St. Baltimore Ind.	
Accident or Suicide?			



Name In Full

Certificate of Death

Gertrude Meredith

Town

County

Died at

Trump

Baltimore

MARYLAND

Date 1902

Month

Day

May 26

Age

Y.

M.

D.

- 4 18

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Emerson

Mother's

Maiden Name

Effie Almon

Cause of

Primary

Whooping cough

How long sick

2 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. Millard Sterling M.D.

Address

Shaw

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79803



Saisy Merryman

Town *Brenton* County *Balt* MARYLAND

Died at *Brenton* Month *5* Day *26* Y. *25* M. *—* D. *—* Native of *Md* Occupation *Housewife*

Date 19 *02* *5* - *26* Age *25* - *—* *Md* *Housewife*

Male ☒ White ☒ Married ☒ Widowed ☒ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *2*

Husband of *Walter Merryman*

Wife of *Walter Merryman*

Father's Name *Wm Hunt* Mother's Maiden Name *Lilla Merryman*

Cause of Death { Primary *2* Immediate *Tuberculosis of Lungs* How long sick *132* Accident, Suicide, Homicide ☒

Reported by *Dr. Jas. H. Wilson*

Address *Fowlesburg, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Town Carney County Balto Miller MARYLAND

Died at Carney Month May Day 10 Y. M. D. Native of Occupation

Date 19 02 May 10 Age

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Enforced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name J. Henry Miller Mother's Maiden Name Mary Landrublos

Cause of Primary How long sick

Death Immediate Still born Accident, ~~Suicide~~, ~~Homicide~~

Reported by G. S. Ewerhart M. D.

Address Hamilton KD.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Walter Miller

Died at ^{Town} *Herfblanton* ^{County} *Dalh Co* MARYLAND

Date *1912* ^{Month} *8* ^{Day} *27* ^{Y.} *18* ^{M.} *4* ^{D.} *27* Native of *Dalh Co* Occupation *Dalh Co*
Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of *name* *Lewis Miller* Mother's *name* *Kate Miller*
Wife *name* *Kate Miller*
Father's Name *Lewis Miller* Mother's Name *Kate Miller*

Cause of Death { Primary *Appendicitis* Immediate *118* How long sick *1 week.*
Accident, Suicide, Homicide

Reported by *E W Jarney, Inc*
Address *304 Banks St - Exe.*

Mount Carmel Cem.

May 30th 1902

St Nicolaus & son

1820 Canton Ave

Name In Full

Certificate of Death

Mr. Nathan James Thordene

Town

County

Died at

MARYLAND

Date 1902 Month 5 Day 16 Y. M. D. Age 57. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Pericardial Hemorrhage

How long sick

5 yrs

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

H B Thomas

Address

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ambroncia Morrison -

Died at *Mt Hope Retreat* *Balto Co* *MARYLAND*

Date 19 *02* Month *5* Day *11* Y. *73* M. *-* D. *-* Native of *La* Occupation *Religious*

Male *-* White *-* Married *-* Widow *-* Divorced *-*
 Female *-* Colored *-* Single *-* Widower *-* Number of children living *-*

Husband of *-*

Wife *-*

Father's Name *-* Mother's Name *-*

Cause of Death { Primary *Acute Cerebral Congestion* How long sick *-*
 Immediate *Exhaustion -* Accident, Suicide, Homicide *-*

Reported by *Frank Flannery (us)*
 Address *Mt Hope Retreat*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Anna Langton Mulligan

Town

County

Died at

MARYLAND

Date 1902-5-30 Month 5 Day 30 Y. 58 M. 58 D. 58 Native of Ireland Occupation —
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Singl~~ ~~Widow~~ Number of children living 8

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

3 days.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79009



Name
in
Full

Elizabeth Myers


CERTIFICATE OF DEATH

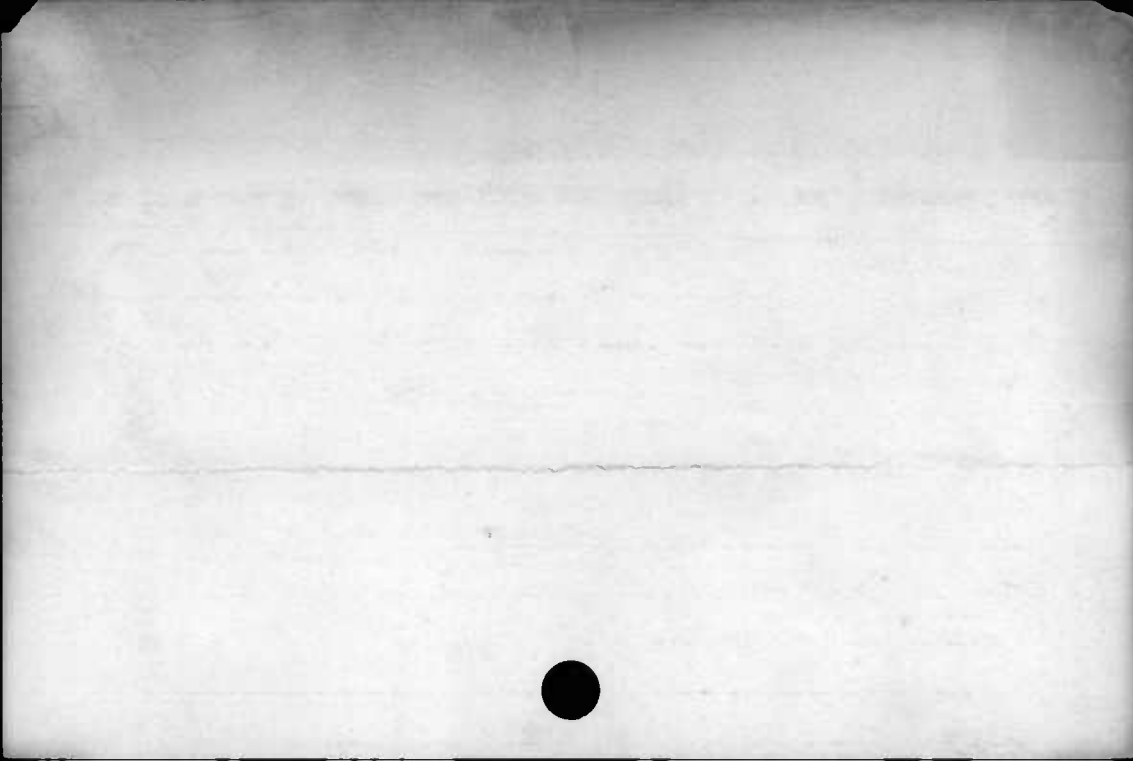
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Turronville</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>5</i>	Day <i>25</i>	Age Years <i>75</i>	Months <i>2</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cearoll Co. Md.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>wife - Laborer Maryland</i>		
Name of wife or Husband <i>John T. Myers</i>					
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Geo. E. Lewis</i>			How related to deceased <i>Grand son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paraphrenia</i>	How long <i>1 week</i>
Immediate <i>cerebral hemorrhage</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Bolte M.D.</i>
	Address <i>Turronville Md.</i>
	
<i>8</i> Accident or Suicide?	



Name in Full

Certificate of Death

Kuin'unda Nickol

Town

County

Died at

Canton

Balto.

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

May 31

Age

24

Balto.

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

George Nickol

Kuin'unda Loeffler

Cause of

Primary

Immediate

La Grippe

Bronchitis Pneumonia

How long sick

Accident, Suicide, Homicide

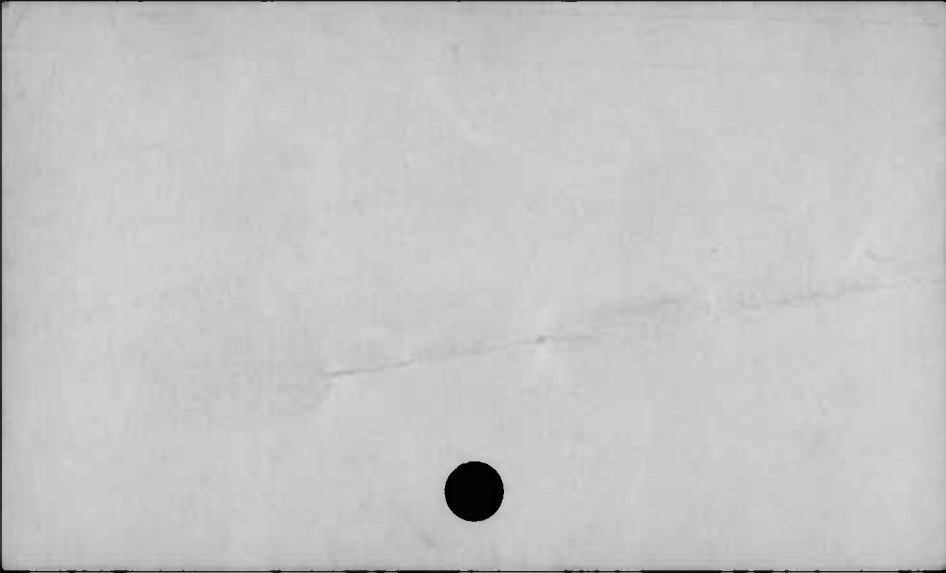
Reported by

F. W. Schuchman M.D.

Address

1413 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *May Plaine*
 Died at *Petty Hill* *Baltimore* *MARYLAND*
 Date 1902 *May 14* Y. M. D. *Y. M. D.*
 Age *29.* Native of *Europe* Occupation *Housewife*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~
 Number of children living *3*

Husband *John Plaine*

Wife

Father's Name *Jos Kaplan*

Mother's

Maiden Name

Anna Kaplan

Cause of Primary

Phthisis Pulmonalis 11 mos.

Death Immediate

not known

How long sick *11 mos.*
 Accident, Suicide, Homicide

Reported by

Geo L. Corne M.D.

Address

Gardenville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Holy Res.
G.M.B. # 113

Thomas Pratt

Town

County

Died at Sparrow Point, Baltimore

MARYLAND

Date 1902 May 17 Age 28-10-6 Native of Va Occupation Labour

Male ~~Whites~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband of

Florence Pratt

Father's Name Geo. Pratt Mother's Maiden Name Amy Miles

Cause of Death { Primary Typhoid Fever. How long sick 10 days
 Immediate Perforation of intestine Accident, Suicide, Homicide

Reported by

W. R. Hodges M.D.

Address

Sparrow Point, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

20. 3.
CERTIFICATE OF DEATH

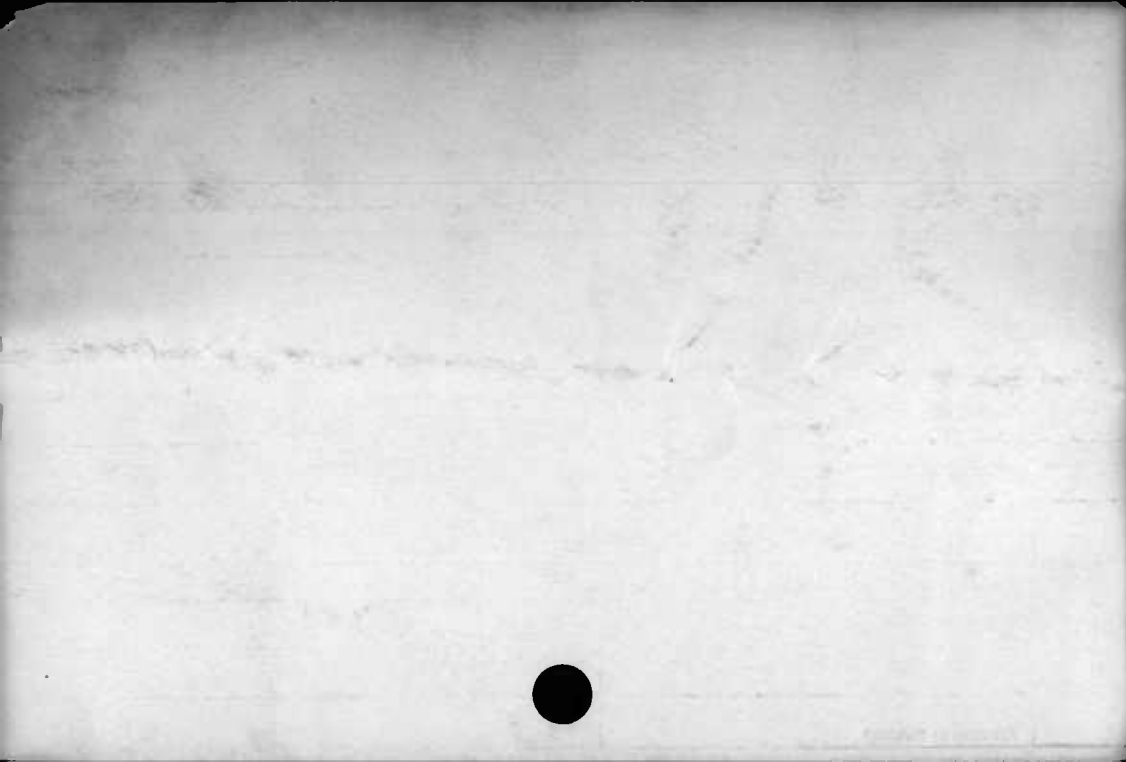
TO BE ANSWERED BY
NEAREST FRIEND

John T. Pumpphrey		Town		County		MARYLAND	
Died at Lansdowne		Ballimore					
Date of death 1902		Month 5	Day 17	Age 31-	Months 2	Days	
Sex Male	Color or Race Col	Birth-place Md					
Married, Single or Widowed		Occupation Farm Laborer					
Name of Wife or Husband							
Father's Name George Pumpphrey				Father's Birthplace Md			
Mother's Maiden Name Sarah Pumpphrey				Mother's Birthplace 21			
Name of person giving Information John. W. Wade				How related to deceased			

CAUSES OF DEATH

Physician
OR CORONER

Primary	Accidental fall	How long	166
Immediate	Broken neck	How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		August W. Miller coroner	
Address		100 various Baltimore	
Accident or suicide?		D	



Name
in
Full

James Reed

CERTIFICATE OF DEATH

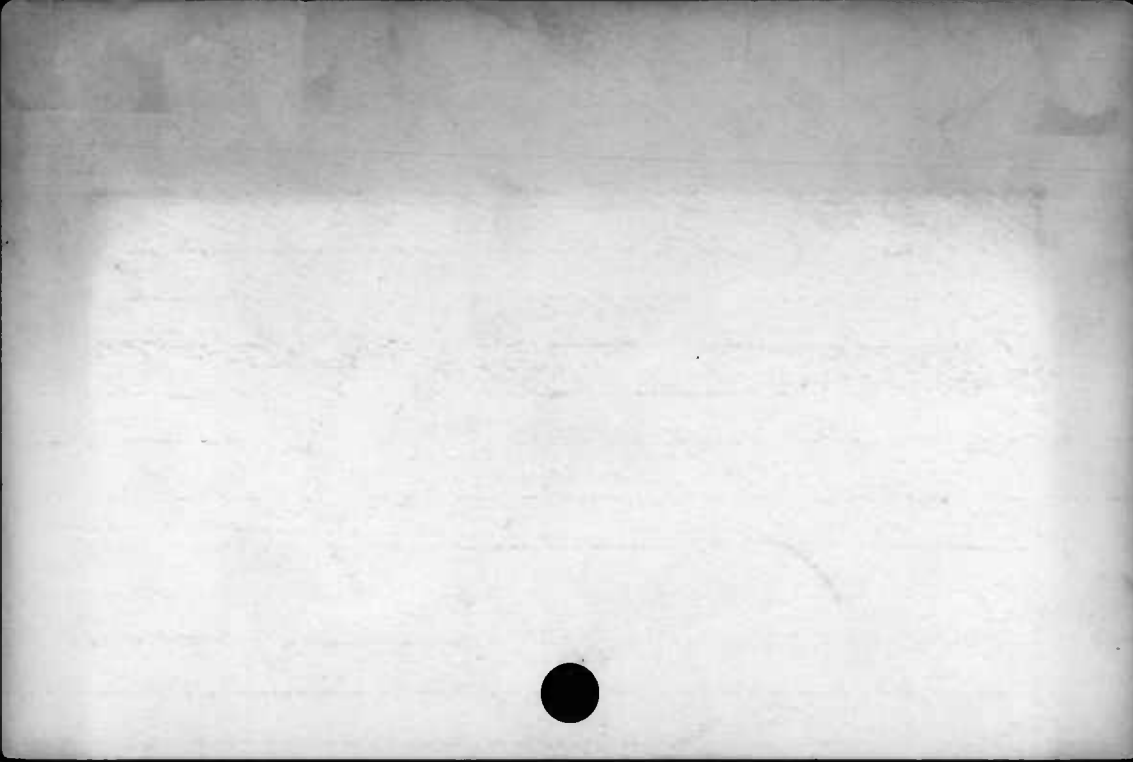
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chase		County Baets		MARYLAND	
Date of death 1902		Month May	Day 21	Age	Years —	Months 3 mo	Days 20
Sex Male		Color or Race Black		Birth- place Chase Md			
Married, Single or Widowed		Single		Occupation Child			
Name of Wife or Husband							
Father's Name Don't know				Father's Birthplace —			
Mother's Maiden Name Florence Reed				Mother's Birthplace Md			
Name of person giving In formation Richard Brown				How related to deceased 3rd cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Found dead in bed		How long —	
Immediate				How long —	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician 179	
				Address John W. Hannon	
Accident or Suicide?				San. Officer 1st Dist.	



Name In Full

Certificate of Death

Chas J. W. Reynolds

Town

County

Baltimore Co.

MARYLAND

Died at

Date 1902 May 3 | Age 74. | Native of Md | Occupation Laborer

Male ☒ White ☒ Married ☒ Widowed ☒ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living Six

Husband

Father's
Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

How long sick

2 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70862



Name In Full *Harry B. Ridout*

Certificate of Death

6

Died at *St Denis* Town *Balto co* County

MARYLAND

Date 189 *1902* *May* *27* Month Day Y. M. D. Age *40* Native of *U S* Occupation *none*
☒ Male ☐ Female ☐ White ☒ Colored ☒ Married ☐ Single ☐ Widow ☒ Widower ☐ Divorced Number of children living

Husband of
Wife

Father's Name *John B. Ridout*

Mother's Name

Cause of Death ☒ Primary *Burns* *167* How long sick *1 day*
☒ Immediate *Shock* Accident, Suicide, Homicide

Reported by *H. F. Bradley M.D.*

Address *St Denis* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *H. F. Bradley M.D.*
LIBRARY BUREAU, 70808

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....



Name In Full

Certificate of Death

William Robinson

Died at *Shawsville*

Town

County

Balt.

MARYLAND

Date *1902* Month *5* Day *9* Y. *80* M. D. Native of *Md.* Occupation *Farmer*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's Name *Chas. Robinson*Mother's Name *Phebe Spaulding*Cause of Death Primary *Palmar Disease of Heart*

How long sick

Death Immediate *Bright's Disease*~~Accident, Suicide, Homicide~~Reported by *J. T. Payne M.D.*Address *Concord Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William F. Sachse

146

Died at ^{Town} Mt. Winans ^{County} Baltimore MARYLAND

Date 1902 May 4 Y. M. D. Native of Occupation
 Male White Married Widowed Maryland Clerk
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Arthur F. Sachse Mother's Maiden Name Emma Reinhardt

Cause of Death { Primary Uremia
 Immediate Convulsions } 20
 How long sick 24 hours
 Accident, Suicide, Homicide

Reported by Ellis L. Garee M.D.

Address 830 Columbia Ave Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Geo. R. Knell



Name In Full

Certificate of Death

Le Roy A. Schanze,

Town

County

Died at

Highland

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5 10

Age

3 10

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Max Schanze

Laura Schanze

Cause of

Primary

Typhoid fever

How long sick

2 weeks

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

J C Schofield Jr

Address

1400 Furst St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Scherwa

Died at ^{Town} Gardenville ^{County} Baltimore MARYLAND

Date 19 02 May 29 | Age 71 | Y. M. D. | Native of Germany | Occupation Florist

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living

Husband of Catharine Gurski (Scherwa)

Wife

Father's Name John Scherwa | Mother's Maiden Name Mary Scherwa

Cause of Death { Primary Grysipelas | How long sick about 2 months

Immediate Inflammation of Brain | Accident, Suicide, Homicide

Reported by Drs. Geo F. and Em. L. Gorse

Address Gardenville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Holy Redeemer Cemetery
Germanus France

Undertaker

Name in Full

Certificate of Death

John W. Schneider
 Town _____ County Baltimore

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 July 22

Age 45

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Mary Schneider Francis Smith

Cause of

Primary

Carcinoma 45

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. W. Alwater M.D.,
 Upper Falls.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Paul H Schratke

Died at City ^{Town} Hospital ^{County} Balto MARYLAND

Date 1902	Month 5	Day 11	Age 25	Y. M. D.	Native of Germany	Occupation Carpenter
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband of

Wife

Father's Name	M Schratke	Mother's Maiden Name	M Schratke
---------------	------------	----------------------	------------

Cause of	Primary	How long sick	1 week
----------	---------	---------------	--------

Death	Immediate	118	Accident, Suicide, Homicide
-------	-----------	-----	-----------------------------

Reported by Frederick Cassan

Address Fullerton Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

F. L. L. 111

Jerusalem Luth. Ch.
Eastonville

Name In Full

Certificate of Death

Schultz
TownAnthony
County

Died at Gardenville

Baltimore C.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

May 22

Age 4 weeks 2

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Chas. F. Schultz

Mother's Name Katherine

Name Maiden Name

Cause of

Primary

Immediate

month old
Convulsions

151

How long sick

2 or 3 hours

Death

Accident, Suicide, Homicide

Reported by

Address

Wm. W. Dorse
Gardenville MdRev. H. S. Nagengast
Pastor.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79095



Name in Full

Certificate of Death

Died at *Sherrwood* Town *Sherrwood* County *Calvert* *MARYLAND*
 Date *1902* Month *5* Day *12* Age *82* Y. M. D. Native of *Pa* Occupation *Farmer*
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *4*

Husband of

Wife

 Father's
Name

 Mother's
Name

Cause of Death { Primary *Cancer of Face* How long sick *4 mo.*
 Immediate *Ex long time* ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lena. C. Seebo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

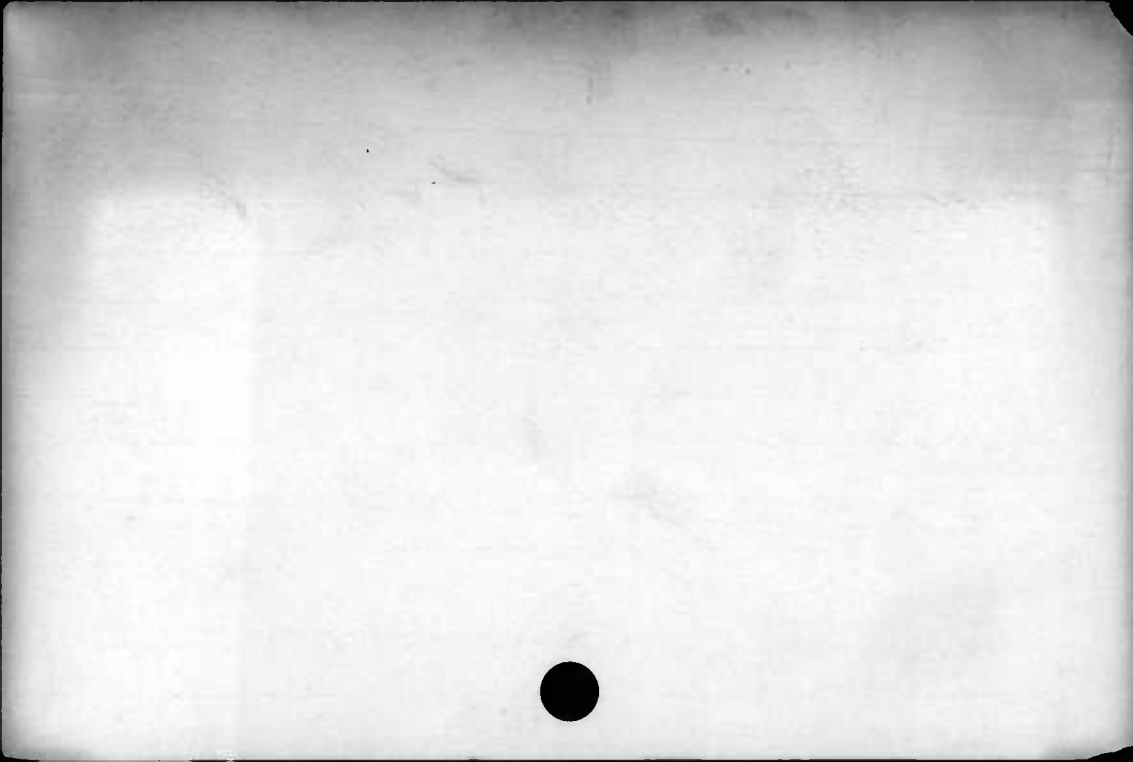
MARYLAND

Died at <i>Baltimore</i> Town		<i>Baltimore</i> County			
Date of death 190	<i>2</i> Month	<i>25</i> Day	<i>19</i> Years	<i>9</i> Months	<i>18</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>George F. Seebo Jr</i>					
Father's Name <i>Christopher E. Kehl</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catherine E. Faber</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Henry C. Kehl</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Miscarriage</i>	How long <i>1 week</i>
Immediate <i>Neglect.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>Coroner William B. High</i>
<i>No Criminality,</i>	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Edward H. Seebold

Town

County

Died at Parkville Baltimore County

MARYLAND

Date 1902 May 4th Age 39 years Native of Parkville Occupation Farmer

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Number of children living

Husband of
 Wife Never married
 Father's Name J. B. Henry Seebold Mother's Maiden Name Let

Cause of Death Primary Compression of Brain
 Immediate Convulsions

How long sick Ten days
 Accident, Suicide, Homicide

Reported by Dr. Hamilton D. Brown

Address 217 Gorsuch Ave. Haverly

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Green Mountain

F. L. 107

Name In Full

Certificate of Death

Died at *Oella* ^{Town} *Baltimore co* ^{County} *MARYLAND*
 Date 19 *02* ^{Month} *May* ^{Day} *31* | Age *83* | Y. M. D. | Native of *Md* | Occupation *Farmer*
 Male | White | Married | ~~Widow~~ | ~~Divorced~~ | Number of children living *5*
~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower

Husband of *Mary Sibley*
 Father's Name *Nicholas Severens* | Mother's Maiden Name *Sarah Marshall*

Cause of Death { Primary *Bronchitis & Asthma* | How long sick *One week*
 { Immediate *Asthma* | ~~Accident, Suicide, Homicide~~

Reported by *John M. B. Rogers M.D.*
 Address *Ellicott City Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Rebecca A. Slack

Died at

Delight-^{Town} Balt^{County}

MARYLAND

Date 1802

Month 5 Day 8

Age

Y. 74 M. 9 D. 17

Native of

Md

Occupation

Seamstress

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~Husband
of

Wife

Father's

Name

David I. Slack

Mother's

Name

Ellen Slack

Cause of

Primary Valvular Disease

How long sick

Death

Immediate of Heart

~~Accident, Suicide, Homicide~~

Reported by

H. M. Slack

Address

Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. _____

of _____

Seen by Coroner _____

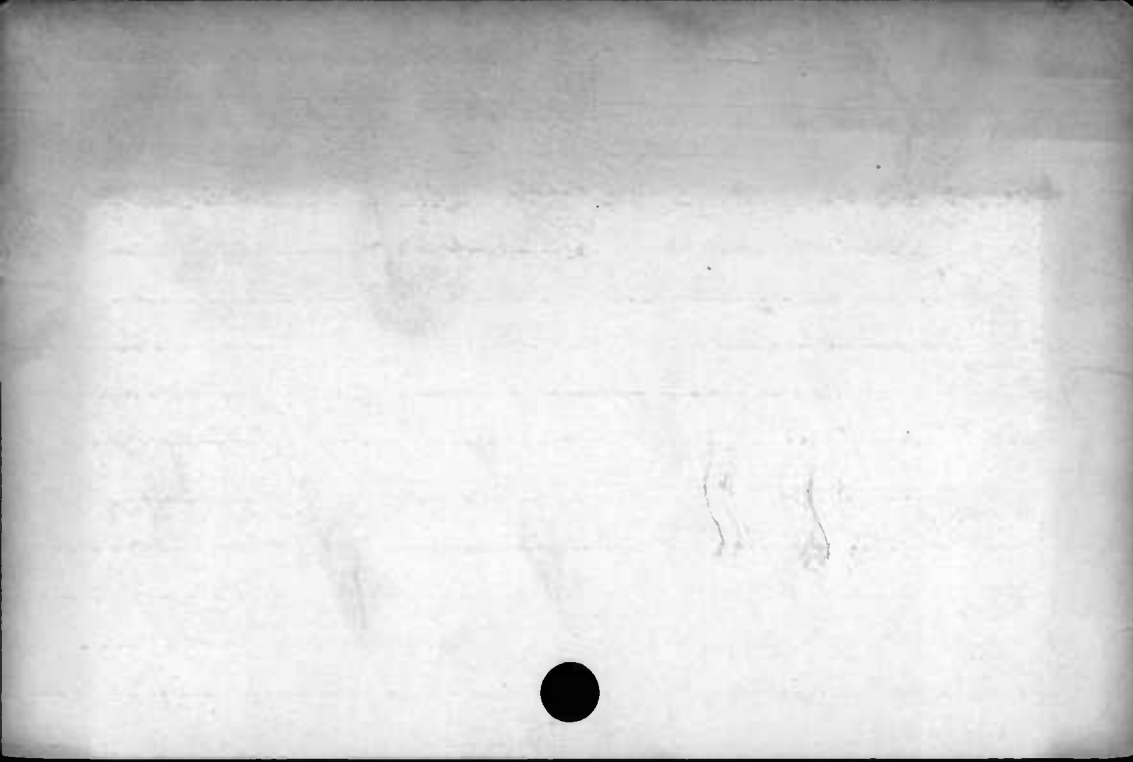
of _____

Information contained in this certificate was

given to me _____

by _____

Name Full		Mary A Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Arlington	County Baltimore		MARYLAND	
		Date of death 190 2		Month 5	Day 25-	Age 83	Months	Days
		Sex Female		Color or Race White		Birth- place Balt. Md		
		Married, Single or Widowed Single		Occupation none				
		Name of Wife or Husband						
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving Information				How related to deceased		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary		Cerebral Hemorrhage		How long Four months		
		Immediate		Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
		Accident or Suicide?				Address Pikesville Md		



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
ofFather's
NameMother's
Name

Cause of Primary

Death Immediate

How long sick

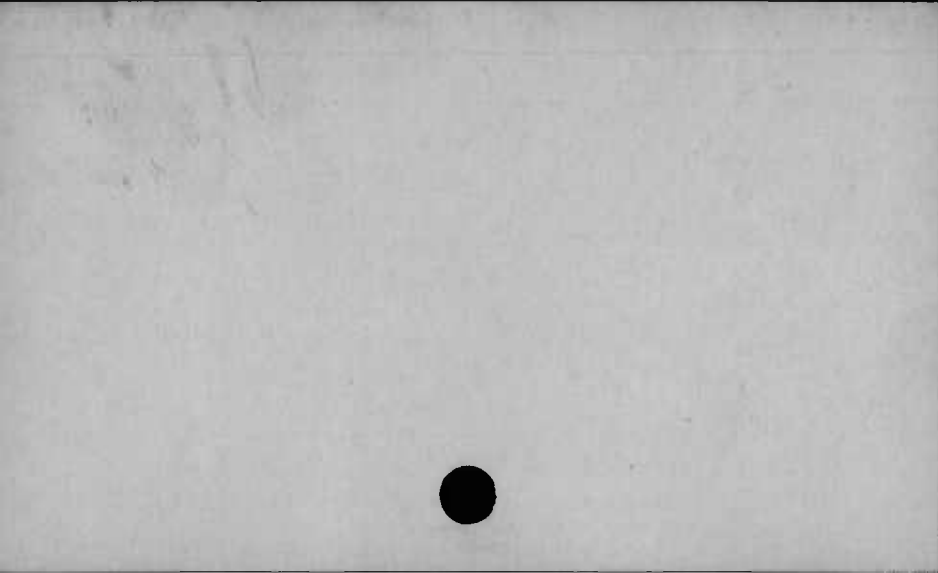
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Died at

Town

County

MARYLAND

Date 19

02

Month

Day

5 14

Y.

M.

D.

Age

Native of

Occupation

md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. Herwig & Son

114 Carmel

hermology

Name In Full

Certificate of Death

G. M. George Soth
 Died at *Perry Hall* Town *Baltimore* County *MARYLAND*
 Date *1902* *May 3^d* Month *May* Day *3^d* Y. *63* M. *9* D. *Germany* Native of *Farmer* Occupation
 Male *White* Married *Widow* Divorced *Female* *Colored* Single *Widower* Number of children living *4*

Husband of *Gonisa Wiesner* *Anna Massman*
 Father's Name *Gerhard Soth* Mother's Name *Anna Soth*

Cause of Death *Primary* *Paralysis* *6* *How long sick* *3 wks*
Immediate *Accident, Suicide, Homicide*

Reported by *M. J. Harrison, M.D.*

Address *Loch Raven*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Camp Chapel

J. L. 106

Ludwig Spanner.

Town *Rockland* County *Baltimore* MARYLAND

Died at *Rockland Baltimore*

Date *1902* *May 7th* Age *83* *7* *25* Native of *Germany* Occupation *Farmer.*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living *9.*

~~Female~~ ~~Colored~~ ~~Single~~

Husband of *Julia Spanner*

Father's Name *C. Spanner* Mother's Name *M. Spanner*

Cause of Death { Primary *Infirmities of* How long sick *1 year or so.*
 Immediate *old age.* ~~Accident, Suicide, Homicide~~

Reported by *H. J. Harrison, M.D.* *154*

Address *Lock Raven, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. L. # 109

Rockland Homeplace

John Stapleton.

Died at 3412 E. Balto. St. Balto. Town County MARYLAND

Date 1902 3-28 Age 74 Ireland none

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary Chronic Brights How long sick 1 year

Death Immediate Bronchopneumonia & Uraemia Accident, Suicide, Homicide

Reported by Edward P. McDermitt M.D.Address 208 Asgumth St Balto.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Steeger

Died at ^{Town} *Relay* ^{County} *Baltimore* MARYLAND

Date *1902 May 17* Age *2* *Ind*

☒ Male ☐ Female
 ☒ White ☐ Colored
 ☒ Married ☐ Single
 ☒ Widow ☐ Widower
 ☒ Divorced
 Number of children living

Husband
of
Wife

Father's Name *Theodore Nteger* Mother's Name *Clara E Wohn*

Cause of Death { Primary *Injury during Labor* How long sick
 Immediate *15* Accident, Suicide, Homicide

Reported by *Cowan & Gill Undertakers*

Address *618 E. 17th St. Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. A. Williams
of E. K. Hildgr

Seen by Coroner _____
of _____

Information contained in this certificate received
from _____
of _____

Name in Full

Certificate of Death

Not named

4

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

May 18

Age

2 days

Native of

Maryland

Occupation

none

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

T. A. Steyer

Mother's

Maiden Name

Clara E. Wokum

Cause of

Primary

injury during labor

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Arthur Williams

Address

Elk Ridge

Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

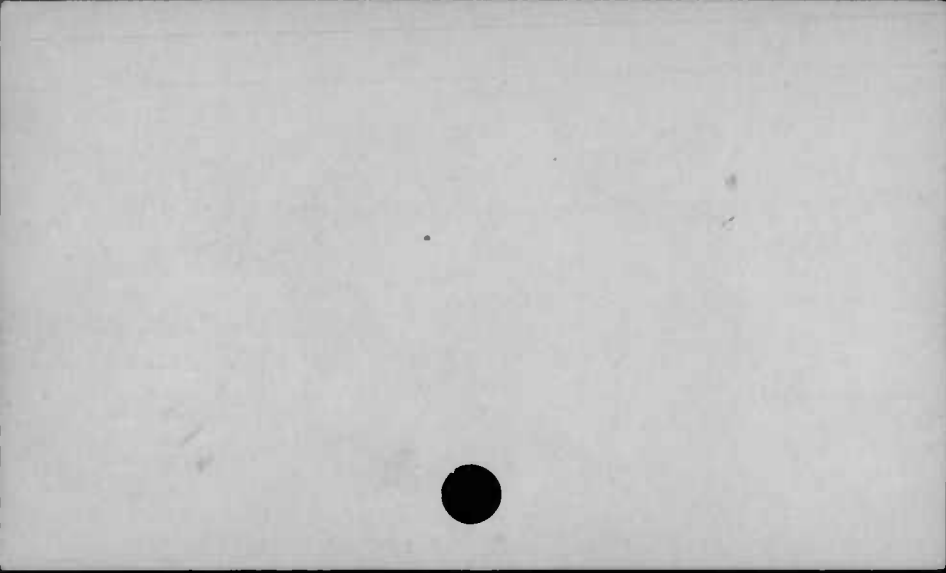


John Stirling
 Died at Shane ^{Town} Baltimore ^{County} MARYLAND
 Date 1902 May 4 ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} Age 70 - 13 ^{Native of} MD ^{Occupation} Farmer
 Male Female White Colored Married Widow Divorced Widower
 Number of children living Two (2)

Husband of Maria T Shipley
 Wife
 Father's Name Robert Stirling Mother's Name Ann Statton
 Cause of Death { Primary Hemiplegia Immediate Hemiplegia Box
 How long sick Two (2) weeks
Accident, Suicide, Homicide

Reported by Thomas C. Bacon M.D.
 Address Gumville MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles J. Sullens

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902 5. 25 Age 26 Native of Baltimore Occupation Engineer

Male White Married Widower Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Number of children living 1

Husband of Mary Sullens

Father's Name James Sullens Mother's Maiden Name

Cause of Death { Primary Phthisis Pulmonalis Exhaustion

How long sick About 6 Months

~~Accident, Suicide, Homicide~~

Reported by J. L. Rickard M.D.

Address 910 Canton St Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Sweitzer

Town

County

Died at

Bay View Asylum

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

46

Md Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Myelitis

How long sick

2 months.

Deeth

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

W. H. Smith M.D.

Address

Bay View - Asylum.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rosie Unwaryayt
 Delight ^{Town} Balto ^{County}

CERTIFICATE OF DEATH

MARYLAND

Died at *Delight* ^{Town} *Balto* ^{County}
 Date of death 1902 *May* ^{Month} *29* ^{Day} Age *78* ^{Years} *—* ^{Months} *—* ^{Days}

Sex *Female* Color or Race *—* Birth-place *—*

Married, Single or Widowed *Married* Occupation *House wife*

Name of Wife or Husband *Jacob Unwaryayt*

Father's Name *Polius Singer* Father's Birthplace *Germany*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Jacob Unwaryayt* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Mitral insufficiency* *79* How long *one year*

Immediate *cardiac Dropay* How long *10 days*

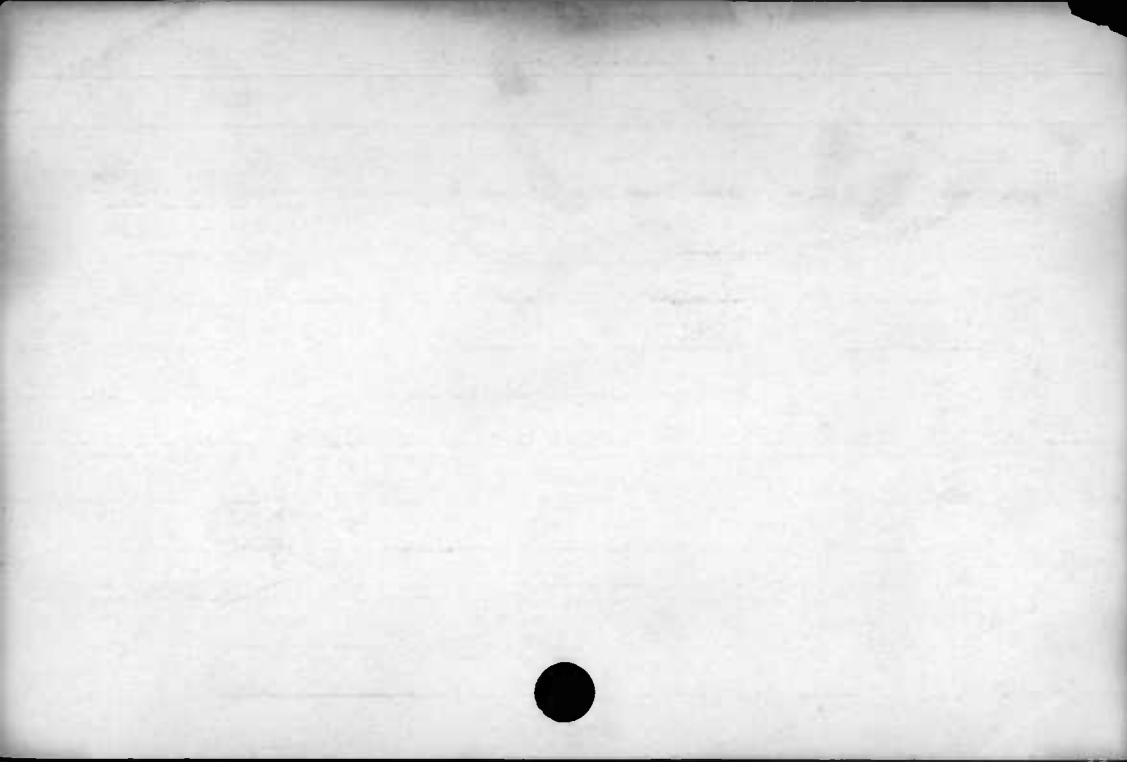
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *James Gore M.D.*

Address *Reisterstown Md.*

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name In Full

Certificate of Death

Fredrick K Vollmert
~~Hallmark~~

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Several Hours

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

A. Michaels

105

F. L.

Name in Full

Certificate of Death

John H. Vossel

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

May 4

Age

59-10-5

Germany

Retired

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Two

Husband of

Father's Name

not known

Mother's Name not known

Cause of

Primary

Lobar Pneumonia

Death

Immediate

Exhaustion

How long sick

7-10 days

Accident, Suicide, Homicide

Reported by

J. C. Hess, M.D.

Address

Sta. H. (Govans)

Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name In Full

Certificate of Death

Eliza Walton.

Town

County

MARYLAND

Died at

Cub Hill

Baltimore

Occupation

Date

1902.

Month

Day

Y.

M.

D.

Native of

May 16th

Age

82 5' 19"

England

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

~~Husband~~

Wife

Wm Walton.

Father's

Name

Mother's

Name

Cause of

Primary

Stokes Paralysis

How long sick

Over 2 years.

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

H. J. Harrison; M. W.

Address

Loch Raven.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Entrance at
Hiss Cent
Harford Road

Geo. W. Green
undertaker

#114

Hortilda Hargrave Haul

Town

County

MARYLAND

Died at Baltimore, Balt. Co.

Date 1902 May 15 Age 16 Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widowed Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Acute laryngeal cancer

How long sick

Three mos.

Death

Immediate

Cephalothorax

Accident, Suicide, Homicide

Reported by

G. G. Quinn M.D.

Address

400 E. Balt. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mt Carmel

Name
in
Full

Thomas Ward

CERTIFICATE OF DEATH

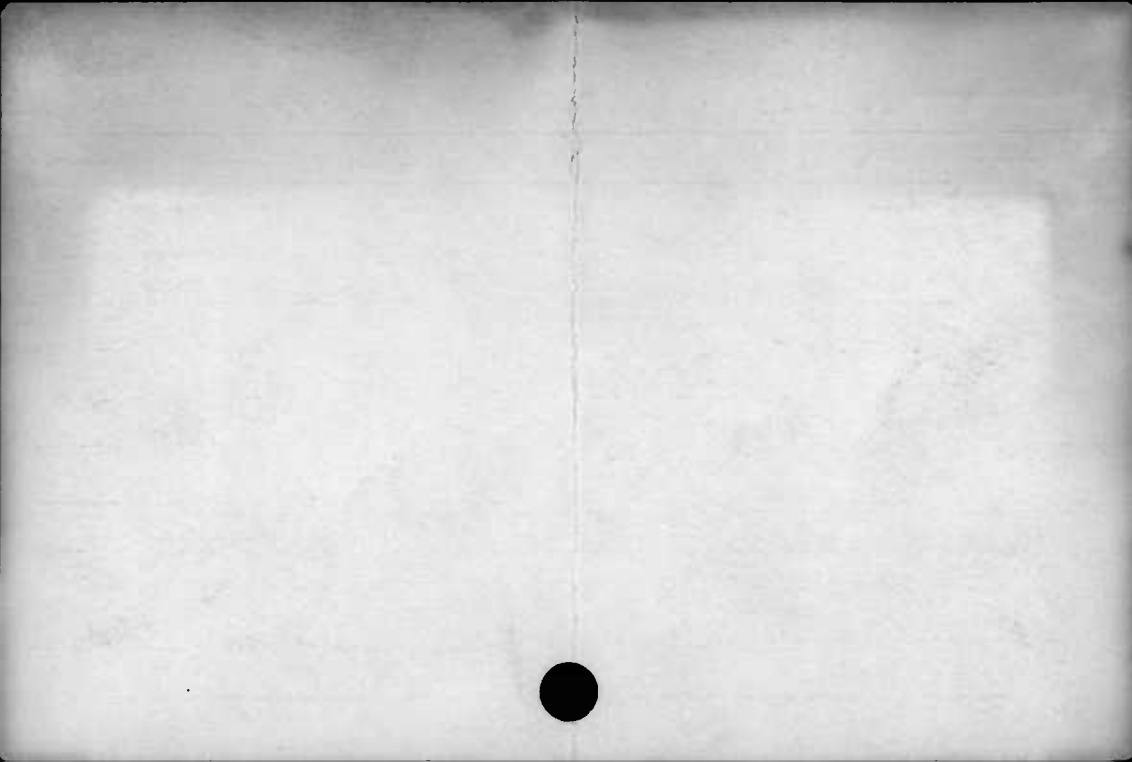
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edgeridge</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1902	<i>May 17</i> Month	Day	Age <i>69</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Widower</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Thomas Ward Widower</i>					
Father's Name <i>James Ward</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>do not know</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>James H. Ward</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>accidental death,</i>	How long <i>16</i> immediate
Immediate <i>Ran over by Cart</i>	How long <i>20</i> minutes
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John F. Keller,</i>
	Address <i>Goodmanston Md.</i>
Accident or Suicide? <i>accident,</i>	



Name in Full

Certificate of Death

Died at

Date

Female

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

(Town)

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Widower

Number of children living

MARYLAND

Mary A. Hare
 Dicksville Ballo
 1902 May 17th 63 7 10 America Wife,
 White Married Widower Divorced
 Colored Single Widower Number of children living 13

George H. Hare,
 Father's Name Mother's Name Margaret A. Bunk

Cause of Death Primary Immediate Pneumonia
 How long sick: 8 days
 Accident, Suicide, Homicide

Reported by George H. Esschard,
 Address Dicksville Md

Ridge Cemetery.

Solomon A. Waters

Died at ^{Town} *Harnwood* ^{County} *Balto* *Md* MARYLAND

Date 190*4* ^{Month} *May* ^{Day} *13* 190*3* ^{Y.} *14* ^{M.} *14* ^{D.} *14* ^{Native of} *American* ^{Occupation} *School boy*

Male *Male* White Married Widow Divorced
 Female *Female* Color *colored* Single *—* Widower Number of children living

Husband of *Son*
 Wife *Salmon R waters*
 Father's Name *Salmon R waters* Mother's Name *Jda waters*
 Maiden Name

Cause of { Primary *indigestion* How long sick *1 week*
 Death { Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *J. J. Offutt Md*
 Address *Balto Co state of Md* *179*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Christina Weatherstein

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

02

May 24

Age 66

Mo.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Singl~~~~Widower~~

Number of children living - 3-

of

Mother's

Maiden Name

108

Primary

Immediate

Strangulated Hernia

Acute Suppression Urine

How long sick

2 weeks

~~Accident, Suicide, Homicide~~

L. N. Atkey.

2 Hudson St Ex

LIBRARY BUREAU 75000



Name in Full

Certificate of Death

Thomas J Wells

Town

County

Died at

Upper Falls

Baltimore

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 30

Age

68

Md

Boatman

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Thomas Wells

Mother's

Maiden Name

Lennie Wells

Cause of

Primary

Carcinoma

How long sick

2 yrs

Death

Immediate

Heart Clot

Accident, Suicide, Homicide

45

Reported by

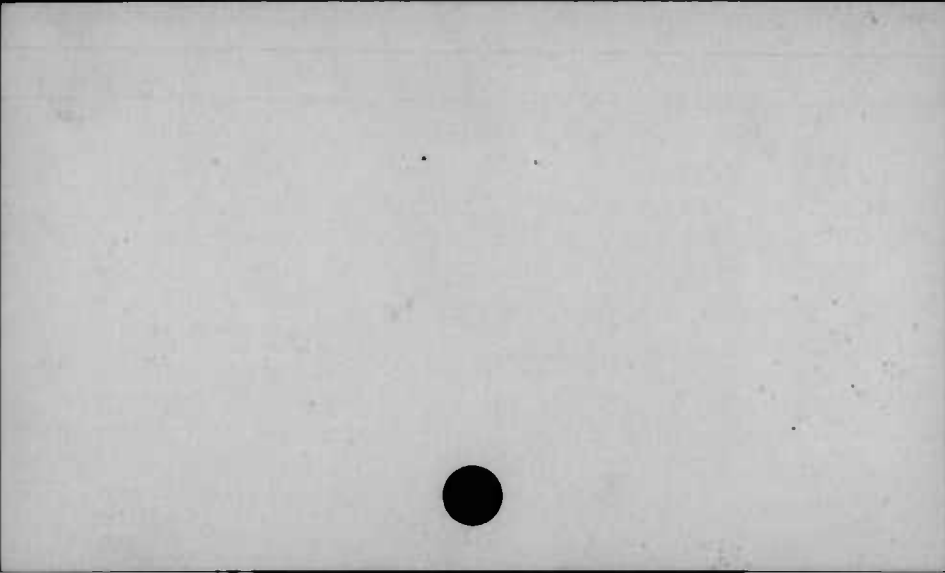
W. J. Water

Address

Upper Falls

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Elizabeth G Williams

Died at Cockeysville Baltimore MARYLAND

Date 1902 May 14 Month Day Y. M. D. Age 88 Native of MD Occupation

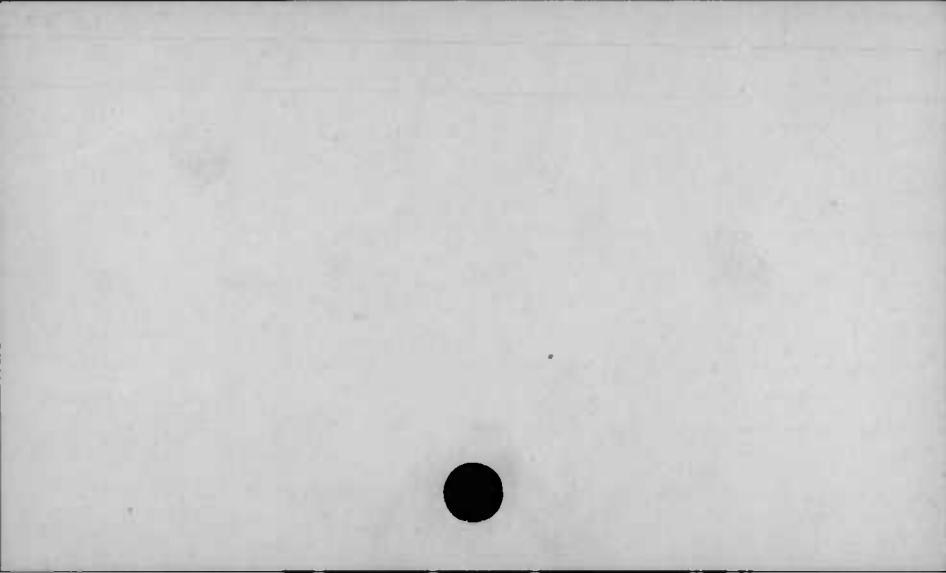
~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living none

Husband of Thomas O Williams US
 Wife
 Father's Name Andrew Skinner Mother's Name Elizabeth Harrison

Cause of Death { Primary Senile Softening of Brain How long sick 2 months
 Immediate General Failure circulation ~~Accident, Suicide, Homicide~~

Reported by Dr R. B. Bausen
 Address Cockeysville Baltimore MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Laura Augusta Mills

CERTIFICATE OF DEATH

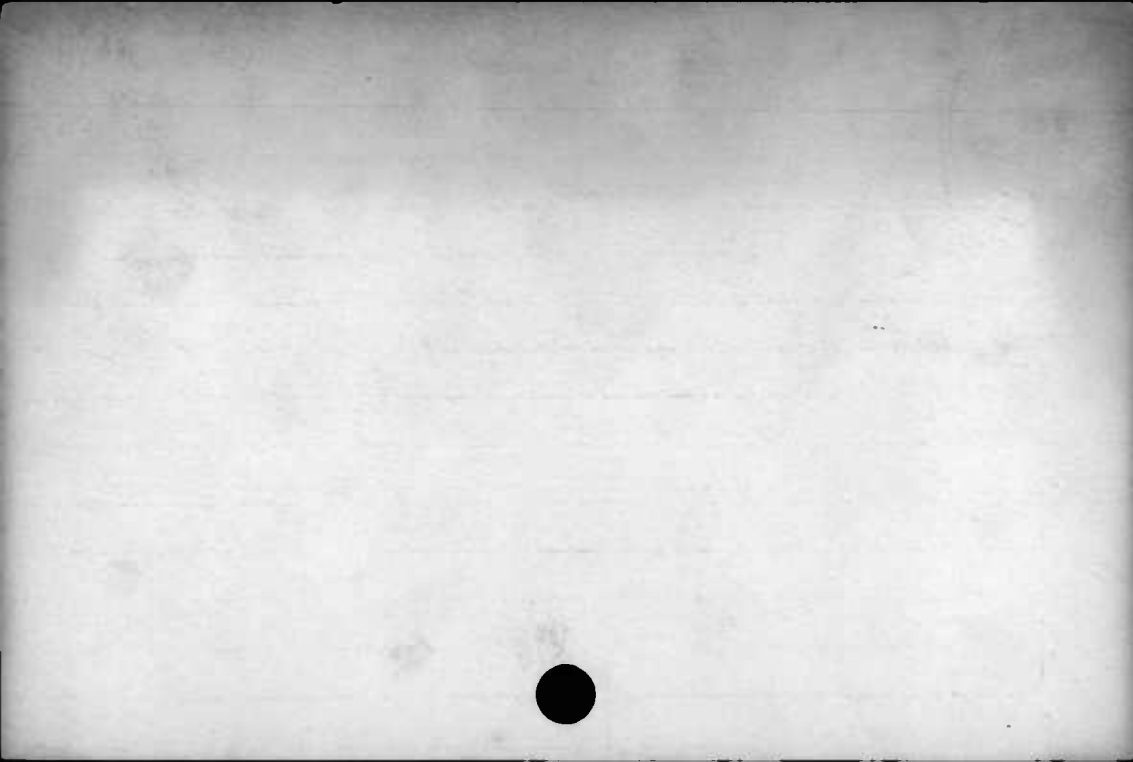
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanawills</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>May</i>	Day <i>24</i>	Age <i>18</i>	Months <i>5</i>	Days <i>6</i>
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Baltimore</i>	
Married, Single or Widowed <i>Married</i>			Occupation _____		
Name of Wife or Husband <i>Alfred Mills</i>					
Father's Name <i>William Henry Souce</i>			Fether's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Alice E. Clautier</i>			Mother's Birthplace <i>Balto</i>		
Name of person giving In formation <i>Mrs. Souce</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Affected</i>	<i>118</i>	How long <i>9 days</i>
Immediate <i>Acute myocarditis</i>		How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George Shelby Everett M.D.</i>	
	Address <i>Hamilton</i>	
<i>X</i> Accident or Suicide?		



Town

County

Baltimore

MARYLAND

Died at

Date 1908 May 17 Age 56 Y. M. D. Native of Maryland Occupation _____

Male White Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living 8

~~Female~~ ~~Colored~~ ~~Single~~

Husband of Fanny Churches let 120.

Father's Name Alexander Brown Mother's Name Coley's Nestle

Maiden Name

Cause of Death { Primary Bright's Disease
Immediate Exhaustion

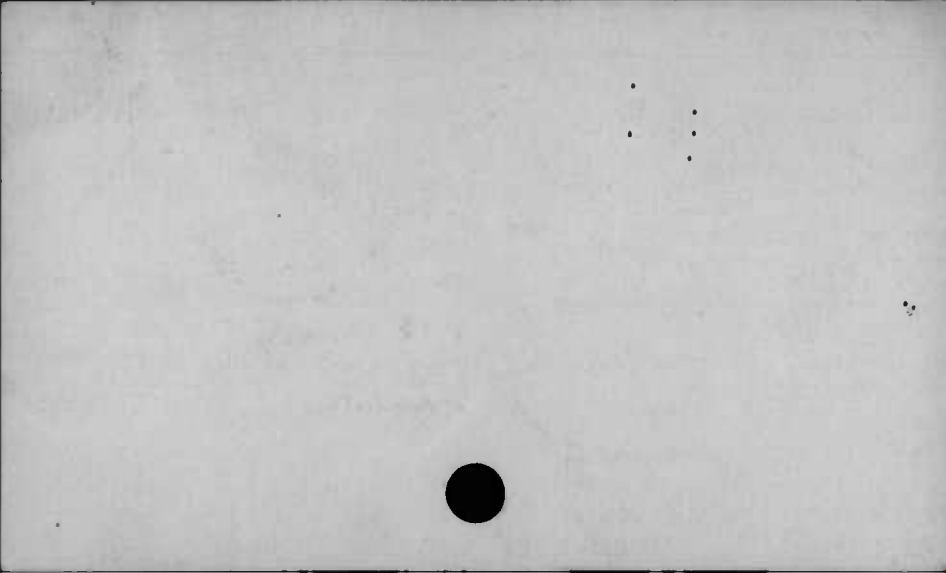
How long sick 3 days

Accident, Suicide, Homicide

Reported by W. C. Smith M.D.

Address Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Paul Wollsteni

Town

County

Died at

Martins Gut

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar

6

Age

18 - -

Md

Word Carver

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

—

Husband

of

Wife

Father's

Name

Otto Wollsteni

Mother's

Maiden Name

172

Cause of

Primary

Death

Immediate

Drowning

How long sick

Accident, Suicide, Homicide

Reported by

John G. Mueller Coroner
Canton Bacto. Co Ma

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1st Eng. Regiment

Emma Alice Walters

Town

County

Died at

Arlington

Belts

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5-28

Age

-5-

Md

none

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

-

Husband

of

Wife

Father's

Name

Louis Walters

Mother's

Maiden Name

Gertrude Walters

Cause of

Primary

Cholera Infantum

How long sick

4 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Edwin E. Jones

Address

Arlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

